

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

Your first name and initial **Varun Kumar Reddy** Last name **Tatiparthi** Your social security number **656-35-8167**

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. **56 Burns Avenue** Apt. no. _____ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Hicksville NY 11801** **Presidential Election Campaign**

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

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

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

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **11,250.**
 8a **Taxable** interest. Attach Schedule B if required **8a**
 b **Tax-exempt** interest. Do not include on line 8a **8b**
 9a Ordinary dividends. Attach Schedule B if required **9a**
 b Qualified dividends **9b**
 10 Taxable refunds, credits, or offsets of state and local income taxes **10**
 11 Alimony received **11**
 12 Business income or (loss). Attach Schedule C or C-EZ **12**
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13**
 14 Other gains or (losses). Attach Form 4797 **14**
 15a IRA distributions **15a** b Taxable amount **15b**
 16a Pensions and annuities **16a** b Taxable amount **16b**
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**
 18 Farm income or (loss). Attach Schedule F **18**
 19 Unemployment compensation **19**
 20a Social security benefits **20a** b Taxable amount **20b**
 21 Other income. List type and amount **21**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **▶** **22** **11,250.**

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** **4,500.**
 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 Reserved for future use **34**
 35 Domestic production activities deduction. Attach Form 8903 **35**
 36 Add lines 23 through 35 **36** **4,500.**
 37 Subtract line 36 from line 22. This is your **adjusted gross income** **▶** **37** **6,750.**

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

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

2017
Attachment
Sequence No. **170**

Name(s) shown on return

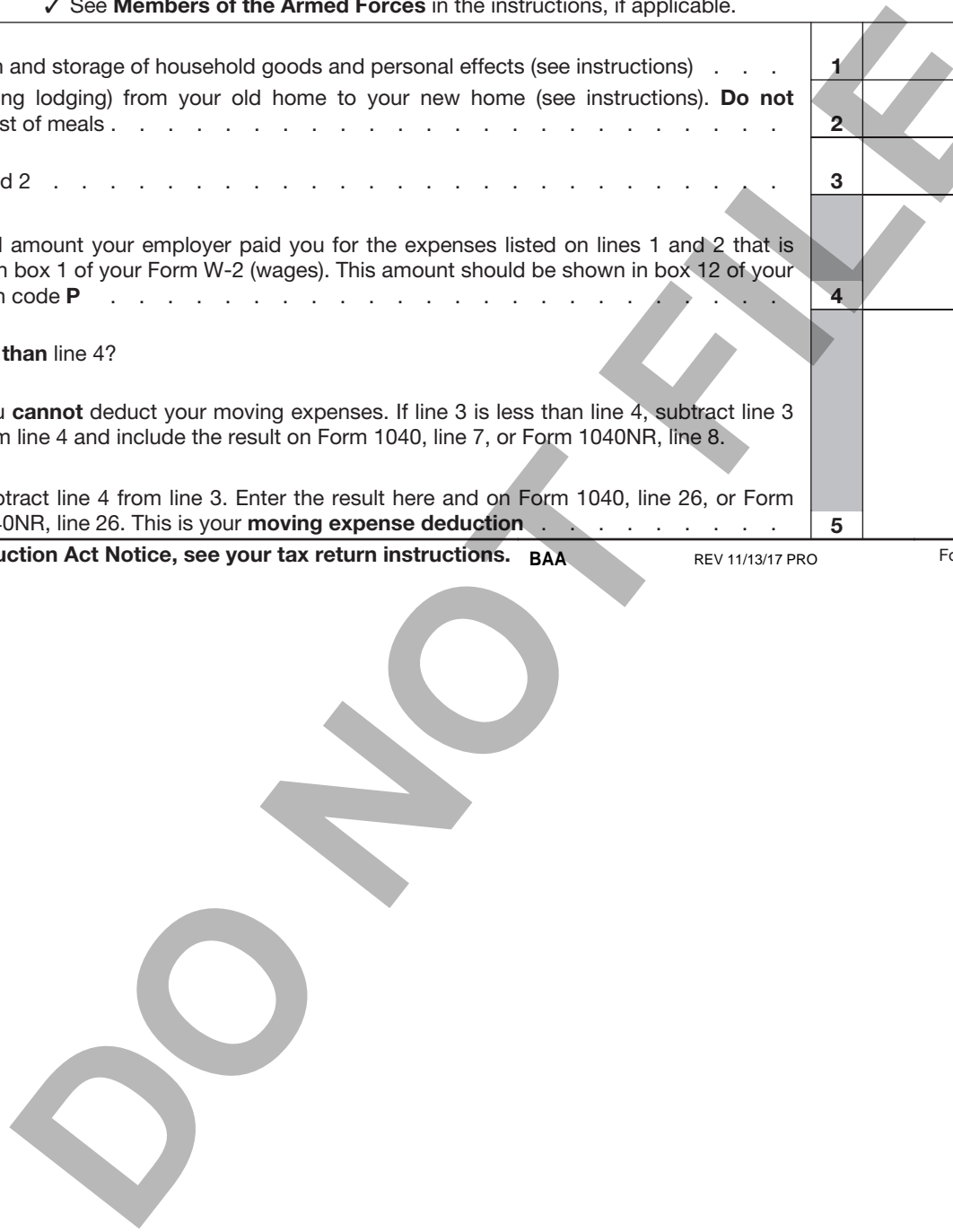
Varun Kumar Reddy Tatiparthi

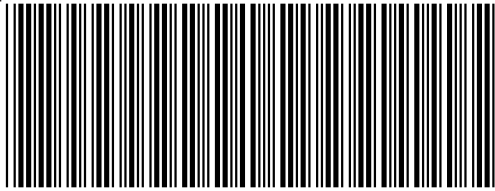
Your social security number

656-35-8167

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

1 Transportation and storage of household goods and personal effects (see instructions)	1	
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	4,500.
3 Add lines 1 and 2	3	4,500.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	4,500.





2017 Form 1-NR/PY

MA17006011555

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1–December 31, 2017 or other taxable

Year beginning Ending

VARUN KUMAR REDD TATIPARTHI 656-35-8167
56 BURNS AVENUE HICKSVILLE NY 11801

Fill in if: Original return Amended return Amended return due to federal change Apt. no.

State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle \$1 You \$1 Spouse TOTAL 0
Taxpayer deceased You Spouse
Fill in if under age 18 You Spouse

Check one: Nonresident Part-year resident Filing as both nonresident and part-year resident Name/address changed since 2016
Nonresident composite Fill in if noncustodial parent

a. Total federal income 11250
b. Federal adjusted gross income 6750

1. Filing status (select one only): Single Married filing jointly Married filing separate return Head of household
You are a custodial parent who has released claim to exemption for child(ren)

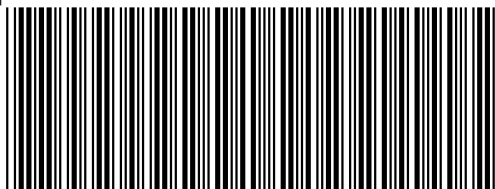
2. Part-year residents. Enter dates as Massachusetts resident: From 08/16/17 To 12/15/17

3. Total days as Massachusetts resident 122 ÷ 365 = .3342 3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2017 Form 1-NR/PY, pg. 2

MA17006021555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

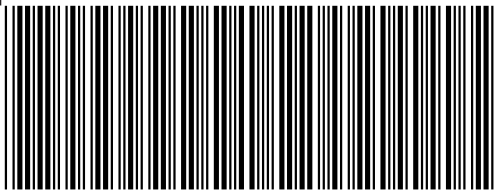
656-35-8167

DO NOT FILE

4. Exemptions:

a. Personal exemptions			4a	4400	
b. Number of dependents. (Do not include yourself or your spouse.) Enter number			× \$1,000 = 4b	0	
c. Age 65 or over before 2018	You +	Spouse =	× \$700 = 4c	0	
d. Blindness	You +	Spouse =	× \$2,200 = 4d	0	
e. Medical/dental			4e	0	
f. Adoption			4f	0	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a			4g	4400	
5. Wages, salaries, tips			5	4165	
6. Taxable pensions and annuities			6	0	
7. Mass. bank interest: a.	0	- b. exemption	0	= 7	0
8. Business/profession income/loss a.	0	+ b. Farming income/loss	0	= 8	0
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss			9	0	
10a. Unemployment			10a	0	
10b. Mass. lottery winnings			10b	0	
11. Other income			11	0	
12. TOTAL 5.1% INCOME			12	4165	
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:					
Working days (or other basis) outside Massachusetts			13a	0	
Working days (or other basis) inside Massachusetts			13b	0	
Total working days			13c	0	
Nonworking days (holidays, weekends, etc.)			13d	0	
Massachusetts ratio			13e	.0000	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2			13f	0	
Massachusetts income			13g	0	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2017 Form 1-NR/PY, pg. 3

MA17006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

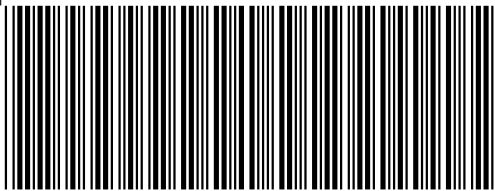
VARUN KUMAR REDD TATIPARTHI

656-35-8167

DO NOT FILE

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO		
a. Total 5.1% income	14a	0
b. Interest income	14b	0
c. Total capital gain income	14c	0
d. Total income this return	14d	0
e. Non-Massachusetts source income. Not less than "0"	14e	0
f. Total income	14f	0
g. Deduction and exemption ratio	14g	0.0000
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	318
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	0
16. Child under age 13, or disabled dependent/spouse care expenses	16	0
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/17, or disabled dependent(s) Not more than two. a. × \$3,600 = b. 0 Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g	17	0
18. Rental deduction. a. 3200	+ 2 = 18	1600
Nonresidents, during 2017, did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? Yes No. If "Yes," you do not qualify for this deduction.		
19. Other deductions from Schedule Y, line 19	19	4500
20. Total deductions. Add lines 15 through 19	20	6418
21. 5.1% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	0
22. Exemption amount. a. 4400	22	1470
23. 5.1% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	0
24. INTEREST AND DIVIDEND INCOME	24	0
25. TOTAL TAXABLE 5.1% INCOME. Add lines 23 and 24	25	0
26. TAX ON 5.1% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26	0

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2017 Form 1-NR/PY, pg. 4

MA17006041555

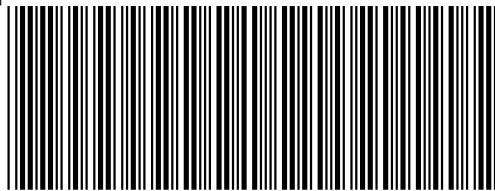
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

656-35-8167

27.	12% INCOME. Not less than "0."	a.	0		$\times .12 = 27$	0	
28.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS				28	0	
	Fill in if any excess exemptions were used in calculating lines 24, 27 or 28						
29.	Credit recapture amount (from Credit Recapture Schedule)				29	0	
30.	Additional tax on installment sale				30	0	
31.	If you qualify for No Tax Status, fill in and enter "0" on line 32			X			
32.	TOTAL INCOME TAX. Add lines 26 through 30				32	0	
33.	Limited Income Credit				33	0	
34.	Income tax due to another state or jurisdiction				34	0	
35.	Other credits (from Credit Manager Schedule)				35	0	
36.	INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"				36	0	
37.	Voluntary Contributions						
	a.	Endangered Wildlife Conservation			37a	0	
	b.	Organ Transplant Fund			37b	0	
	c.	Massachusetts AIDS Fund			37c	0	
	d.	Massachusetts U.S. Olympic Fund			37d	0	
	e.	Massachusetts Military Family Relief Fund			37e	0	
	f.	Homeless Animal Prevention and Care			37f	0	
	Total. Add lines 37a through 37f				37	0	
38.	Use tax due on Internet, mail order and other out-of-state purchases				38	0	
39.	Health care penalty	a. You	0	+ b. Spouse	0	- c. Fed. health care penalty	0
40.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 39				40	0	

DO NOT FILE



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MA17006051555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
656-35-8167

DO NOT FILE

41. Massachusetts income tax withheld	41	173
42. 2016 overpayment applied to your 2017 estimated tax	42	0
43. 2017 Massachusetts estimated tax payments	43	0
44. Payments made with extension	44	0
45. Payments made with original return	45	0
46. Earned Income Credit. a. Number of qualifying children Part-year residents, multiply line 46c by line 3	b. Amount from U.S. return 0 × .23 = c. 0	46
Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception		
47. Senior Circuit Breaker Credit	47	0
48. Other Refundable Credits	48	0
49. TOTAL. Add lines 41 through 48	49	173
50. Overpayment. Subtract line 40 from line 49	50	173
51. Amount of overpayment you want applied to your 2018 estimated tax	51	0
52. Refund. Subtract line 51 from line 50. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	52	173

Direct deposit of refund. Type of account checking savings
RTN # account #

53. Tax due. Pay online at www.mass.gov/dor/payonline . Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204	53	0
Interest 0 Penalty 0 M-2210 amt. 0		
		EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here? Yes
I do not want preparer to file my return electronically (this may delay your refund) Paid preparer's
Print paid preparer's name Date Check if self-employed SSN/PTIN
UMA D PISHATI P01520074
Paid preparer's signature Paid preparer's phone Paid preparer's EIN
45-3785334

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2017 Form M1, Individual Income Tax

Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial VARUN KUMAR REDDY Last Name TATIPARTHI Your Social Security Number 656358167
 If a Joint Return, Spouse's First Name and Initial _____ Spouse's Last Name _____ Spouse's Social Security Number _____

Current Home Address 56 BURNS AVENUE Check if: New Address Foreign Address Your Date of Birth 04251994
 City HICKSVILLE State NY Zip Code 11801 Spouse's Date of Birth _____

2017 Federal Filing Status (1) Single (2) Married filing jointly (3) Married filing separately:
 (place an X in one box): (4) Head of household (5) Qualifying widow(er)
 Enter spouse name and Social Security number _____

State Elections Campaign Fund
 If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.
 Political party and code number:
 Republican 11 Grassroots—Legalize Cannabis . 14 Legal Marijuana Now 17
 Democratic/Farmer-Labor . 12 Green 15 General Campaign
 Independence 13 Libertarian 16 Fund 99
 Your code _____
 Spouse code _____

From Your Federal Return (see instructions) A Wages, salaries, tips, etc. 11250 B IRA, pensions, and annuities 0 C Unemployment 0 D Federal adjusted gross income 6750
 ▲Place an X in box if a negative number

- 1 **Federal taxable income** (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) (if a negative number, place an X in the box) 1 3650
- 2 **State income tax or sales tax addition.** If you itemized deductions on federal Form 1040, complete the worksheet in the instructions 2 0
- 3 Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction (see instructions; enclose Schedule M1M) 3 _____
- 4 Add lines 1 through 3 (if a negative number, place an X in the box). 4 3650
- 5 State income tax refund from line 10 of federal Form 1040 5 _____
- 6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M) 6 _____
- 7 Total subtractions. Add lines 5 and 6 7 _____
- 8 **Minnesota taxable income.** Subtract line 7 from line 4. If zero or less, leave blank. 8 _____
- 9 Tax from the table in the M1 instructions 9 _____
- 10 Alternative minimum tax (enclose Schedule M1MT) 10 _____
- 11 Add lines 9 and 10 11 _____
- 12 **Full-year residents:** Enter the amount from line 11 on line 12. Skip lines 12a and 12b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) 12 0
- a 0 b 11250 (Place an X in box if a negative number)
- 13 Tax on lump-sum distribution (enclose Schedule M1LS) 13 _____

