

IRS e-file Signature Authorization

2017

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name SRINIVAS GOUD PERUMANDLA	Social security number 376-67-3343
Spouse's name SHIVANI POGAKU	Spouse's social security number 950-92-0442

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	103,702.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	7,221.
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	16,345.
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	9,124.
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 as my signature on my tax year 2017 electronically filed income tax return.

7 3 3 4 3

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 as my signature on my tax year 2017 electronically filed income tax return.

2 0 4 4 2

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

5 8 7 2 7 8

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

See separate instructions.

Your first name and initial SRINIVAS GOUD	Last name PERUMANDLA	Your social security number 376-67-3343
If a joint return, spouse's first name and initial SHIVANI	Last name POGAKU	Spouse's social security number 950-92-0442
Home address (number and street). If you have a P.O. box, see instructions. 43775 CHERRY GROVE CT E		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CANTON MI 48188		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			
SHREYA	PERUMANDLA	950-92-0461	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b 2

No. of children on 6c who:

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

Dependents on 6c not entered above _____

Add numbers on lines above 3

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	102,135.
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	-2,303.
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 <u>Other Income from box 3 of 1099-Misc</u>	21	4,870.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	104,702.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	1,000.
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	1,000.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	103,702.

	38	Amount from line 37 (adjusted gross income)	38	103,702.												
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/>														
		if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. }														
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>														
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	30,519.												
	41	Subtract line 40 from line 38	41	73,183.												
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150.												
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	61,033.												
	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	8,221.												
	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	8,221.												
	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	1,000.												
	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	1,000.											
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	7,221.												
Other Taxes	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	7,221.												
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	16,345.												
	65	2017 estimated tax payments and amount applied from 2016 return	65													
	66a	Earned income credit (EIC)	66a													
	b	Nontaxable combat pay election 66b														
	67	Additional child tax credit. Attach Schedule 8812	67													
	68	American opportunity credit from Form 8863, line 8	68													
	69	Net premium tax credit. Attach Form 8962	69													
	70	Amount paid with request for extension to file	70													
	71	Excess social security and tier 1 RRTA tax withheld	71													
	72	Credit for federal tax on fuels. Attach Form 4136	72													
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input 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	16,345.												
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	9,124.												
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	9,124.												
	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								
Direct deposit? See instructions.	d	Account number <table border="1"><tr><td>3</td><td>2</td><td>5</td><td>0</td><td>3</td><td>6</td><td>7</td><td>5</td><td>4</td><td>7</td><td>8</td><td>8</td></tr></table>	3	2	5	0	3	6	7	5	4	7	8	8		
3	2	5	0	3	6	7	5	4	7	8	8					
	77	Amount of line 75 you want applied to your 2018 estimated tax	77													
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78													
	79	Estimated tax penalty (see instructions)	79													

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

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

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

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

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/04/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name GLOBAL TAXES LLC	Firm's EIN 30-1017196	Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (678)965-9729	

**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

SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

376-67-3343

Medical and Dental Expenses

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

1	Medical and dental expenses (see instructions)	1	11,850.	
2	Enter amount from Form 1040, line 38	2	103,702.	
3	Multiply line 2 by 7.5% (0.075).	3	7,778.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		4,072.

Taxes You Paid

5	State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes	5	2,010.	
6	Real estate taxes (see instructions)	6	3,000.	
7	Personal property taxes	7	860.	
8	Other taxes. List type and amount ▶	8		
9	Add lines 5 through 8	9		5,870.

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	1,305.	
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		1,305.

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	21,346.	
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	21,346.	
25	Enter amount from Form 1040, line 38	25	103,702.	
26	Multiply line 25 by 2% (0.02)	26	2,074.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		19,272.

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? <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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29		30,519.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here			

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2017
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

Name(s) shown on return

Your social security number

SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

376-67-3343

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) **Yes** **No**

B If "Yes," did you or will you file required Forms 1099? **Yes** **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	3-6-139/52 Himayat Nagar R HYDERABAD HYDERABAD IN 500029				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

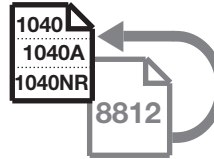
Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		A	B	C
3	Rents received	3		650.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12		2,953.		
13	Other interest.	13				
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		2,953.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-2,303.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-2,303.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		650.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c		2,953.		
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		2,953.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(2,303.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 ^{NPA}	26		-2,303.		

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2017

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

Your social security number

376-67-3343

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



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

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

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

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

Part II Additional Child Tax Credit Filers


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

Part III Certain Filers Who Have Three or More Qualifying Children

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

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	
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 Enter this amount on
 Form 1040, line 67,
 Form 1040A, line 43, or
 Form 1040NR, line 64.

Paid Preparer's Due Diligence Checklist

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

2017

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Taxpayer identification number 376-67-3343
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR	P02090332

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).	EIC <input type="checkbox"/>	CTC/ACTC <input checked="" type="checkbox"/>	AOTC <input type="checkbox"/>
1 Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) • Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

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

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

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

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

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

Part V Credit Eligibility Certification

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

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

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

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

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

2017
Attachment
Sequence No. **129A**

Your name SRINIVAS GOUD PERUMANDLA	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 376-67-3343
---------------------------------------	--	---------------------------------------

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	4,366.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	13,200.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,380.
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	21,346.

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

- 7** When did you place your vehicle in service for business use? (month, day, year) ▶ 01/01/2017
- 8** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
a Business 8,160 **b** Commuting (see instructions) _____ **c** Other 4,840
- 9** Was your vehicle available for personal use during off-duty hours? **Yes** **No**
- 10** Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**
- 11a** Do you have evidence to support your deduction? **Yes** **No**
- b** If "Yes," is the evidence written? **Yes** **No**

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

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

2017
Attachment
Sequence No. **170**

Name(s) shown on return

Your social security number

SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

376-67-3343

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	500.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	500.
3 Add lines 1 and 2	3	1,000.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,000.

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					104,702.
Adjustments to income					1,000.
Adjusted gross income					103,702.
Tax expense					5,870.
Interest expense . . .					1,305.
Contributions					
Miscellaneous deductions.					19,272.
Other Itemized Deductions					4,072.
Total itemized/standard deduction . .					30,519.
Exemption amount . .					12,150.
Taxable income					61,033.
Tax					8,221.
Alternative min tax . .					
Total credits					1,000.
Other taxes					
Payments					16,345.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					9,124.
Effective tax rate % . .					6.96
**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 (SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU) and Social Security Number (376-67-3343)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

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

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 73343 Spouse's PIN (5 numbers) 20442 Date 03/25/2018

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

Name(s) Shown on Return
SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

Social Security Number
376-67-3343

	(a) Taxpayer	(b) Spouse
1 Child's investment income, from Form 8814		
2 Gambling winnings:		
a From Form W-2G		
b Winnings (prizes, etc.) from Form 1099-MISC, box 3		
c Not reported on Form W-2G or Form 1099-MISC		
3 Taxable income from Form 1099-MISC:		
a Substitute payments in lieu of interest or dividends		
b Other income from box 3	4,870.	
c Alaska Permanent Fund		
d Tribal Gaming		
e Non-Employee Compensation from Form 1099-MISC box 7		
f Rent from personal property from Form 1099-MISC box 1		
4 Taxable income from Form 1099-Q or 1099-QA:		
a Qualified tuition program distributions		
b Coverdell ESA distributions		
c ABLE account distributions		
5 Taxable income from Form 1099-G:		
a Grants		
b RTAA payments		
6 Foreign earned income and housing exclusion, from Form 2555		
7 Net operating loss carryover from a prior year		
8 Other income, from Schedule(s) K-1		
9 Taxable distribution from:		
a Form 8853:		
1 Taxable Archer MSA distributions MSA		
2 Taxable Medicare Advantage distributions Med MSA		
3 Taxable long term care distributions LTC		
4 Total Form 8853		
b Form 8889, Health Savings Accounts		
10 Refunds or reimbursements of deductions claimed in a prior year:		
a Reimbursement for deducted medical expenses		
b Refunds of deducted taxes (not state or local income taxes)		
	Type of Tax	State or Local ID
c Recapture of deducted moving expenses		
d Reimbursement for deducted casualty or theft loss		
e Reimbursement for deducted employee business expenses		
f Other refunds or reimbursements		
11 Recoveries of bad debts deducted in a prior year		
12 Jury duty pay		
13 Bartering income not reported elsewhere		
14 Income from the rental of personal property		
15 Income from the Cancellation of Debt:		
a From Form 1099-C:		
1 Amount of debt canceled from box 2		
2 Amount of canceled debt excluded from income		
3 Taxable amount of canceled debt		
b From Schedule(s) K-1		
16 Taxable income from Form 1099-K:		
a Payment Card/Third Party Network Transactions		
17 Income from "not for profit" activities (hobbies):		
18 Other taxable income:		
a Reserved		
b Reserved		
c Reserved		
d		
19 Total. Add lines 1 through 14, 15a(3), 15b, 16, 17 and 18. Enter here and on Form 1040 or Form 1040NR, line 21	4,870.	

- ▶ Not a required statement - Use for import purposes
- ▶ Data will not transfer year to year if imported in prior year
 - ▶ Keep for your records

Name(s) Shown on Return SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Your Social Security No. 376-67-3343
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Ownership

Owned by (check one):
 Taxpayer Spouse Joint

Statement Information

RECIPIENT'S/LENDER'S Name Central Loan Administration & Repor	1 Mortgage interest received from payer(s) _____ 1,305.
Street address PO Box 77404 City State ZIP code TRENTON NJ 08628 Telephone number _____	2 Outstanding mortgage principal as of 1/1/2017 _____
RECIPIENT'S federal identification number 21-0534340	PAYER'S social security number 376-67-3343
PAYER'S/BORROWER'S name SRINIVAS GOUD PERUMANDLA Street address 43775 CHERRY GROVE CT E City State ZIP code CANTON MI 48188	3 Mortgage origination date _____ 10/03/2017
7 The address above is the same as the address of the property securing the mortgage <input type="checkbox"/> (If not, enter the property address in box 8)	4 Refund of overpaid interest _____
9 If the property securing the mortgage has no address, provide a description of the property below _____	5 Mortgage insurance premiums _____
Account number _____	6 Points paid on purchase of principal residence _____
10 Property tax _____	8 Address of the property securing this mortgage (if different than your mailing address shown) Street address 43775 CHERRY GROVE CT E 28 City State ZIP code Canton MI 48188-5268

Mortgage Use

Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.

- 1** Mortgage was used to finance (check one):
- | | | |
|--|---|--|
| a <input checked="" type="checkbox"/> Main home | b <input type="checkbox"/> Second home | c <input type="checkbox"/> Business activity |
| d <input type="checkbox"/> Rental activity | e <input type="checkbox"/> Farm activity | f <input type="checkbox"/> Farm rental activity |
| g <input type="checkbox"/> Royalty activity | h <input type="checkbox"/> Other | |
- 2** If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity
- | | |
|--|-------|
| a Schedule C, Business | _____ |
| b Schedule F, Farm | _____ |
| c Schedule E, Rental or Royalty | _____ |
| d Form 4835, Farm Rental | _____ |

Rental of Owner-Occupied or Vacation Home

- 1** If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? Yes No NA
- 2** If yes, complete lines 2a and 2b:
- | | |
|--|-------|
| a Mortgage interest qualifying for main or second home treatment | _____ |
| b Mortgage interest not qualifying for main or second home treatment | _____ |

Mortgage Insurance Premiums Information

- 1** Did your home loan close after December 31, 2006? Yes No

Federal Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name PERUMANDLA
 First name SRINIVAS GOUD
 Middle initial Suffix
 Social security no. 376-67-3343
 Occupation SOFTWARE ENGINEER
 Date of birth 04/07/1983 (mm/dd/yyyy)
 Age as of 1-1-2018 34
 Date of death
 Legally blind
 E-mail address SRINIVASP74@GMAIL.COM
 Work phone Ext
 Cell phone (415)579-7301
 Home phone
 Fax number

Spouse:

Last name (if different) POGAKU
 First name SHIVANI
 Middle initial Suffix
 Social security no. 950-92-0442
 Occupation HOMEMAKER
 Date of birth 06/26/1993 (mm/dd/yyyy)
 Age as of 1-1-2018 24
 Date of death
 Legally blind
 E-mail address SRINIVASP74@GMAIL.COM
 Work phone Ext
 Cell phone (415)579-7301
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (415)579-7301
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 43775 CHERRY GROVE CT E Apt no.
 City CANTON State MI ZIP code 48188

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.***
SHREYA PERUMANDLA		950-92-0461 Daughter	02/19/2014	3	12		L	

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

► Keep for your records

Name(s) Shown on Return

SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

Social Security Number

376-67-3343

INCOME		Federal Amount	CA Amount
1	Wages, salaries, tips, etc. T	102,135.	65,079.
	S		
2	Taxable interest T		
	S		
3	Dividends T		
	S		
4	State/local tax refunds T		
	S		
5	Alimony received T		
	S		
6	Business income or loss T		
	S		
7	Capital gain or loss T		
	S		
8	Other gains and losses T		
	S		
9	Taxable IRA distribution T		
	S		
10	Taxable pension and annuities T		
	S		
11	Rentals, royalties, partnerships, S corporations, trusts T	-2,303.	
	S		
12	Farm income or loss T		
	S		
13	Unemployment compensation T		
	S		
14 a	Taxable social security benefits T		
	S		
b	Taxable railroad retirement benefits T		
	S		
15	Other income T	4,870.	
	S		
16	Total income T	104,702.	65,079.
	S		

Nonresident State Allocation Worksheet

SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

376-67-3343

	ADJUSTMENTS		Federal Amount	CA Amount
17	Educator expenses	T		
		S		
18	Certain business expenses	T		
		S		
19	Health savings account deduction	T		
		S		
20	Moving expenses	T	1,000.	
		S		
21	Self-employment tax deduction	T		
		S		
22	Self-employed SEP, SIMPLE, and qualified plans	T		
		S		
23	Self-employed health insurance deduction	T		
		S		
24	Penalty on early withdrawal of savings	T		
		S		
25	Alimony paid	T		
		S		
26	IRA deduction	T		
		S		
27	Student loan interest deduction	T		
		S		
28	Tuition/fees deduction	T		
		S		
29	Domestic production activities deduction	T		
		S		
30	Total other adjustments	T		
		S		
31	Total adjustments	T	1,000.	
		S		
32	Adjusted gross income	T	103,702.	65,079.
		S		

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Social Security Number 376-67-3343
--	---------------------------------------

Driver's License or State Id Information

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

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

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

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

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

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

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

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

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

Driver's License Detail

Taxpayer: Issuing state <u>MI</u> License number <u>P655775009273</u> Issue date <u>10/07/2016</u> Expiration date <u>08/16/2019</u> Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____	Spouse: Issuing state _____ License number _____ Issue date _____ Expiration date _____ Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____
--	---

State Identification Card Detail

Taxpayer: Issuing state _____ Identification number _____ Issue date _____ Expiration date _____ Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____	Spouse: Issuing state _____ Identification number _____ Issue date _____ Expiration date _____ Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____
--	--

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

Additional Verification Information

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

Client Status:

- New client
- Returning client to same preparer and firm
- Returning client to same firm

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU; Social Security Number: 376-67-3343

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

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

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

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

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

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Name(s) Shown on Return SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Social Security Number 376-67-3343
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
Lizom Group Inc		68,621.	10,054.	133,700.	0.
UNIVERSITY OF MICHIGAN		33,514.	6,291.	33,514.	1,424.
Totals		102,135.	16,345.	167,214.	1,424.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	102,135.		102,135.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	16,345.		16,345.
3 & 7	Total social security wages/tips	104,010.		104,010.
4	Total social security tax withheld	6,449.		6,449.
5	Total Medicare wages and tips	104,010.		104,010.
6	Total Medicare tax withheld	1,508.		1,508.
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	9,700.		9,700.
b	Elective deferrals to qualified plans	1,875.		1,875.
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	7,825.		7,825.
14 a	Total deductible mandatory state tax	586.		586.
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	167,214.		167,214.
17	Total state tax withheld	1,424.		1,424.
19	Total local tax withheld.			

Name as shown on return SRINIVAS GOUD PERUMANDLA	Social Security Number 376-67-3343
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Employer EIN 46-0726729
Employer Name Lizom Group Inc
 Name (cont.) _____
Street Address or P. O. Box 425 MARKET ST SUITE 2200
City SAN FRANCISCO **State** CA **ZIP** 94105
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	68,621.	2 Federal tax withheld	10,054.
3 Social security wages	68,621.	4 Social sec tax withheld	4,255.
5 Medicare wages and tips	68,621.	6 Medicare tax withheld	995.
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	020-7762-6	65,079.	0.
MI	46-0726729	68,621.	0.
_____	_____	_____	_____
_____	_____	_____	_____

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).
CA SDI	586.	California SDI tax
_____	_____	_____
_____	_____	_____

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SRINIVAS GOUD PERUMANDLA

376-67-3343 Page 2

Employer Name Lizom Group 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. 376-67-3343

First name SRINIVAS GOUD M.I. Last name PERUMANDLA Suff.

Address 43775 CHERRY GROVE CT E City CANTON St MI ZIP code 48188

Foreign Province/County Foreign Postal Code

Foreign Country

Name as shown on return SRINIVAS GOUD PERUMANDLA	Social Security Number 376-67-3343
---	---------------------------------------

Employer EIN 38-6006309
Employer Name UNIVERSITY OF MICHIGAN
 Name (cont.) _____
Street Address or P. O. Box 3003 S. STATE STREET
City ANN ARBOR **State** MI **ZIP** 48109-1297
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	33,514.	2 Federal tax withheld	6,291.
3 Social security wages	35,389.	4 Social sec tax withheld	2,194.
5 Medicare wages and tips	35,389.	6 Medicare tax withheld	513.
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:
E	1,875.	A: Enter amount attributable to RRTA Tier 2 tax
DD	7,825.	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
MI	ME-0100330	33,514.	1,424.

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

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

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

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

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SRINIVAS GOUD PERUMANDLA 376-67-3343 Page 2

Employer Name . . . UNIVERSITY OF MICHIGAN

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

Part V Inmate In a Penal Institution

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

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

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

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

Employee's SSN. 376-67-3343
First name SRINIVAS GOUD M.I. Last name PERUMANDLA Suff.
Address 43775 CHERRY GROVE CT E City CANTON St MI ZIP code 48188
Foreign Province/County Foreign Postal Code
Foreign Country

Healthcare Entry Sheet

2017

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Form 1099-MISC Summary

2017

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Name(s) Shown on Return
 SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

Social Security Number
 376-67-3343

Form 1099-MISC Summary

Box	Description	Taxpayer	Spouse	Total
1	Total Rents			
	▶ Schedule C			
	▶ Schedule E			
	▶ Form 4835			
	▶ Other Income			
2	Total Royalties			
	▶ Schedule C			
	▶ Schedule E			
3	Total Other income	4,870.		4,870.
	▶ Schedule C			
	▶ Schedule F			
	▶ Form 4835			
	For Form 1040:			
	▶ Winnings (Prizes, etc.)			
	▶ Tribal Gaming			
	▶ Alaska Permanent Fund			
	▶ Other Income	4,870.		4,870.
	4	Federal tax withheld		
5	Fishing boat proceeds			
6	Medical and health care payments			
7	Total Nonemployee compensation			
	▶ Schedule C			
	▶ Schedule F			
	▶ Wages			
	▶ Other Income			
8	Substitute payments			
10	Total Crop insurance proceeds			
	▶ Schedule F			
	▶ Form 4835			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
	▶ Taxable amount			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld - total			
Total	Boxes 1-3, 5-8, 10, 13-15b	4,870.		4,870.

Name as Shown on Return
SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

Social Security No.
376-67-3343

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

Part 1

1	Number of qualifying children: <u>1</u> X \$1,000. Enter the result	1	1,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	2	103,702.
3	1040 filers: enter the total of any — <ul style="list-style-type: none"> Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040A filers: Enter -0-.	3	0.
4	Add lines 2 and 3. Enter the total	4	103,702.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> Married filing jointly — \$110,000 Single, head of household, or qualifying widow(er) — \$75,000 Married filing separately — \$55,000 	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> Yes. Subtract line 5 from line 4 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	
7	Multiply the amount on line 6 by 5% (.05). Enter the result.	7	0.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i>	8	1,000.

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30	9	8,221.
10	Add the amounts from — Form 1040, line 48 Form 1040, line 49, or Form 1040A, line 31 + Form 1040, line 50, or Form 1040A, line 33 + Form 1040, line 51, or Form 1040A, line 34 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	10	0.
11	Are you claiming any of the following credits? <ul style="list-style-type: none"> Mortgage interest credit, Form 8396 Adoption Credit, Form 8839 Residential energy efficient property credit, Form 5695, Part I District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	0.
12	Subtract line 11 from line 9. Enter the result.	12	8,221.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 <input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below.	13	1,000.

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

TIP: You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.

- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
- Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

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

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above.	1	
2	Enter earned income from the Earned Income Worksheet that applies to you	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 2. Enter the result	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> No. If line 4 above is: <ul style="list-style-type: none"> • Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13. • More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. <input type="checkbox"/> Yes. If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> • Social security taxes from box 4, and • Medicare taxes from box 6. Railroad employees, see Note below.	6	7,957.
7	1040 filers: Enter the total of any — <ul style="list-style-type: none"> • Amounts from Form 1040, line 27 and 58, and • Any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-.	7	
8	Add lines 6 and 7. Enter the total	8	
9	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of any — <ul style="list-style-type: none"> • Amount from Form 1040A, line 42a, and • Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46. 	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	
11	Enter the larger of line 4 or line 10	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 11 from line 1. Enter the result <input type="checkbox"/> Yes. Enter -0-.	12	
	Next, figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 Then, go to line 13.		
13	Enter the total of the amounts from — <ul style="list-style-type: none"> • Form 8396, line 9, and • Form 8839, line 16 and • Form 5695, line 15, and • Form 8859, line 3. 	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet	14	
15	Add lines 13 and 14. Enter the total	15	

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

Note: Railroad Employees

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

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Social Security Number 376-67-3343
--	---------------------------------------

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

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

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	16,345.	1,424.	
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	16,345.	1,424.	
20 Total Tax Payments for 2017	16,345.	1,424.	

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

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2017

► Keep for your records

Name(s) Shown on Return

SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

Social Security Number

376-67-3343

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 1,424.
2	2017 state estimated taxes paid in 2017	2
3	2016 state estimated taxes paid in 2017	3
4	Amount paid with 2016 state application for extension	4
5	Amount paid with 2016 state income tax return	5
6	Overpayment on 2016 state income tax return applied to 2017 tax	6
7	Other amounts paid in 2017 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9
10	2017 local estimated taxes paid in 2017	10
11	2016 local estimated taxes paid in 2017	11
12	Amount paid with 2016 local application for extension	12
13	Amount paid with 2016 local income tax return	13
14	Overpayment on 2016 local income tax return applied to 2017 tax	14
15	Other amounts paid in 2017 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17	State mandatory taxes	17 586.
18	Total Add lines 1 through 17	18 2,010.
19	State and local refund allocated to 2017	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20	21
22	Total state and local income tax deduction Line 18 less line 21	22 2,010.

Nondeductible State Income Tax (Hawaii Only)

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

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Social Security Number 376-67-3343
--	---------------------------------------

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	102,135.	_____	102,135.
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	102,135.	_____	102,135.
9 a Taxable dependent care benefits.	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	102,135.	_____	102,135.
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	102,135.	_____	102,135.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	102,135.	_____	102,135.
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.	102,135.	_____	102,135.

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	102,135.	_____	102,135.
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	102,135.	_____	102,135.

Keep for your records

Name(s) shown on return
SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

Social Security No.
376-67-3343

General Information:

Property description 3-6-139/52 Himayat Nagar Road
Property type . . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) 3-6-139/52 Himayat Nagar R
City HYDERABAD State ZIP code
If a foreign address: Foreign province or state . . . HYDERABAD
Foreign postal code 500029 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [X] No []
If yes, did you or will you file all required Form(s) 1099? Yes [X] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [] H Complete taxable disposition - See Help [X]
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

Property Location

3-6-139/52 Himayat Nagar R, HYDERABAD, HYDERABAD, 500029, India

Income		% if Different	Total
3	Enter rental income (not reported elsewhere)		
	Rental income from Form 1099-MISC		
	Rental income from Form 1099-K		
	Rental Income from Cancellation of Debt Wks		
	Total rents received	650.	100.000000
4	Enter royalties received (not reported elsewhere) . .		
	Royalty income from Form 1099-MISC		
	Royalty income from Form 1099-K		
	Royalty Income from Cancellation of Debt Wks		
	Royalty Income from Schedule K-1		
	Total royalties received		

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint . .					
8 Commissions					
9 a Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees . . .					
12 a Mortgage int qualified .					
From Form 1098 import					
Total mort int qualified					
b Mort int other	2,953.				
From Form 1098 import					
Total mort int other . .	2,953.		2,953.		
13 Other interest					
14 Repairs					
15 Supplies					
16 a Real estate taxes . . .					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp .					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	2,953.		2,953.		
21 Income or (loss)			-2,303.		
22 Deductible rental real estate loss			-2,303.		

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Social Security Number 376-67-3343
--	---------------------------------------

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		30,519.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		103,702.
6	Tax liability for Form 2210 or Form 2210-F		7,221.
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
 SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

Filing status Married Filing Jointly Number of exemptions 3

Gross Income

Wages and salaries	102,135.
Interest and dividend income	
Business income (loss)	
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	-2,303.
Farm income (loss)	
Social security benefits	
Other income	4,870.
Total Gross Income	104,702.

Adjustments to Income 1,000.

Adjusted Gross Income (Last year's AGI) 103,702.

Itemized/Standard Deductions

Medical and dental	4,072.
Taxes	5,870.
Interest	1,305.
Contributions	
Casualty or theft loss(es)	
Miscellaneous	19,272.
Phaseout of itemized deductions	
Total Itemized Deductions	30,519.
Standard deduction	
Exemption amount	12,150.

Taxable Income 61,033.

Income tax	8,221.
Alternative minimum tax	
Total Taxes before Credits	8,221.
Nonbusiness credits	1,000.
Business credits	
Total Credits	1,000.
Self-employment tax	
Other taxes	

Total Tax 7,221.

Withholding	16,345.
Estimated tax payments	
Other payments	
Total Payments	16,345.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 9,124.

Refund 9,124.

Amount Applied to Estimate

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	6.96 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>8,221.</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>8,221.</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 38 103,702.
- 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 103,702.
- 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
MI	01/01/17	12/31/17	6.0000	6.0000	0.0000	987.	0.	987.

- Total general sales taxes from table 987.
- H **Enter** additions to table amount (motor vehicle, boat) _____
- I Total sales taxes from table plus additions to table amount 987.
- J **Enter** actual sales taxes paid (in lieu of table amount) _____
- K Total income taxes paid 2,010.

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

Mortgage Interest and Points Smart Worksheet

A Enter a description and an amount for fully deductible mortgage interest and points. Check the box if the mortgage was sold to another lender, or the mortgage has been paid off; the lender's name will **not** transfer to next year's return.
 Check the box if the mortgage interest and/or points are **not** reported on Form 1098.
Note: When the points must be deducted over the life of the loan, enter this information on the Other Points Smart Worksheet.
 If the interest deduction may be limited, enter all information on the Deductible Home Mortgage Interest Worksheet instead.
QuickZoom to Deductible Home Mortgage Interest Worksheet ▶ _____

Lender's Name/Description	Deductible Mortgage Interest	Fully Deductible Points	Paid Off	Not on Form 1098
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
Central Loan Administration & Repor	1,305.		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

A Adjust Home mortgage interest and points reported on Form 1098:

1 Total home mortgage interest and points from 1098's from detail. 1,305.

2 Enter amount to deduct on Line 10 if different. _____

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

Paid Preparer Smart Worksheet

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

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

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

General Information Smart Worksheet	
A	Enter the new principal place of work for this move . . . _____
B	Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form _____
C	Other allowance or reimbursements not on Form W-2 _____
D	Enter the number of miles from your old home to your new workplace <u>750</u> miles
E	Enter the number of miles from your old home to your old workplace <u>23</u> miles
F	Subtract line E from line D. If zero or less, enter -0- <u>727</u> miles
Is line F at least 50 miles?	
Yes	▶ You meet this test.
No	▶ You do not meet this test. You cannot deduct your moving expenses. Do Not complete Form 3903.
G	For foreign moves check here only if all the following apply <input type="checkbox"/>
	<ul style="list-style-type: none"> ● You moved in an earlier year ● You are claiming only storage fees while you are away from the United States Enter storage fees applicable to foreign move _____ ● Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

Travel Expenses Smart Worksheet	
Enter your travel expenses:	
A	Travel and lodging expenses for this move (excluding auto expenses) <u>500.</u>
B	Parking fees and tolls _____
C	Gasoline and oil _____
D	Miles driven traveling to new home _____

SMART WORKSHEET FOR: Nonresident State Allocation Wks (CA)

Schedule E Income Allocation Smart Worksheet		
A Rentals and royalties	T	<u>-2,303.</u>
	S	
B K-1 Partnerships	T	
	S	
C K-1 S Corporations	T	
	S	
D K-1 Estates and trusts	T	
	S	
E Farm rentals	T	
	S	
F Income or loss from REMICs	T	
	S	

SMART WORKSHEET FOR: Nonresident State Allocation Wks (CA)

Other Income Allocation Smart Worksheet		
A Child's investment income from Form 8814	T	
	S	
B Gambling winnings	T	
	S	
C Other income (prizes, awards, etc.)	T	4,870.
	S	
D Tribal gaming payments.	T	
	S	
E Substitute payments in lieu of interest or dividends	T	
	S	
F Alaska Permanent Fund.	T	
	S	
G Non-employee compensation from Form 1099-MISC Box 7 . . .	T	
	S	
H Rent from personal property from Form 1099-MISC Box 1. . .	T	
	S	
I Taxable QTP distributions.	T	
	S	
J Taxable Coverdell ESA distributions	T	
	S	
K ABLE account distributions	T	
	S	
L Taxable grants	T	
	S	
M RTAA payments	T	
	S	
N Foreign earned income & housing exclusion, Form 2555 . . .	T	
	S	
O Net Operating Loss (NOL) carryover from a prior year	T	
	S	
P Other income from Schedule(s) K-1	T	
	S	
Q Taxable MSA, Medicare Advantage, or LTC distributions . . .	T	
	S	
R Taxable HSA distributions.	T	
	S	
S Refunds of deductions claimed in a prior year.	T	
	S	
T Recoveries of bad debts deducted in a prior year.	T	
	S	
U Jury duty pay	T	
	S	
V Bartering income not reported elsewhere	T	
	S	
W Income from rental of personal property	T	
	S	
X Income from cancellation of debt	T	
	S	
Y Income from Form 1099-K	T	
	S	
Z Income from "not-for-profit" activities (hobbies)	T	
	S	
AA Miscellaneous other income.	T	
	S	

SMART WORKSHEET FOR: Child Tax Credit Worksheet

Line 6 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A	Enter the social security tax withheld (Form(s) W-2, box 4) <u>6,449.</u>
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. <u>1,508.</u>
C	Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) <u>0.</u>
D	Add line A, B, and C <u>7,957.</u>
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22) <u>0.</u>
F	Subtract line E from line D. <u>7,957.</u>
Additional Medicare Tax on Self-Employment Income.	
G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H	Enter the Tier 1 tax (Form(s) W-2, box 14). <u>0.</u>
I	Enter the Medicare Tax (Form(s) W-2, box 14) <u>0.</u>
J	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. _____
K	Add lines H, I, and J <u>0.</u>
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) _____
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) _____
N	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J _____
O	Add line L, M, and N _____
Line 6 Amount	
P	Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 <u>7,957.</u>

SMART WORKSHEET FOR: Schedule E Worksheet (3-6-139/52 Himayat Nagar R)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

SMART WORKSHEET FOR: Schedule E Worksheet (3-6-139/52 Himayat Nagar R)

Activity Summary Smart Worksheet																						
Supporting information provided by program. NO ENTRIES ARE NEEDED.																						
<p>A Ownership</p> <p>B At-risk status</p> <p>C Passive status</p>		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; width: 80%;">Taxpayer</td></tr> <tr><td style="border-bottom: 1px solid black; width: 80%;">All</td></tr> <tr><td style="border-bottom: 1px solid black; width: 80%;">Disposition</td></tr> </table>	Taxpayer	All	Disposition																	
Taxpayer																						
All																						
Disposition																						
<p>Schedule E</p> <p>D Tentative profit (loss)</p> <p>E Other adjustments and preferences</p> <p>F At-risk disallowed loss</p> <p>G Passive carryover loss</p> <p>H Passive disallowed loss</p> <p>I Net profit (loss) allowed</p> <p>Related Disposition</p> <p>J Tentative profit (loss)</p> <p>K At-risk disallowed loss</p> <p>L Passive carryover loss</p> <p>M Passive disallowed loss</p> <p>N Net profit (loss) allowed</p>		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; border-bottom: 1px solid black;">Regular</th> <th style="width: 50%; border-bottom: 1px solid black;">AMT</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">-2,303.</td> <td style="border-bottom: 1px solid black;">-2,303.</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">-2,303.</td> <td style="border-bottom: 1px solid black;">-2,303.</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>	Regular	AMT	-2,303.	-2,303.							-2,303.	-2,303.								
Regular	AMT																					
-2,303.	-2,303.																					
-2,303.	-2,303.																					

Form at bottom of page.

Payment Form 1 – File and Pay by April 17, 2018. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

*Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2018 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

✂ — DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — — DETACH HERE — ✂

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by April 17, 2018

TAXABLE YEAR

CALIFORNIA FORM

2018 Estimated Tax for Individuals

540-ES

376-67-3343 PERU 950-92-0442 18 APE 0
SRINIVASGOU PERUMANDLA
SHIVANI POGAKU

43775 CHERRY GROVE CT E
CANTON MI 48188

Amount of Payment 331.

Form at bottom of page.

Payment Form 2 – File and Pay by June 15, 2018. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2018 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

✂ — DETACH HERE — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — DETACH HERE — ✂

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by June 15, 2018

TAXABLE YEAR

CALIFORNIA FORM

2018 Estimated Tax for Individuals

540-ES

376-67-3343 PERU 950-92-0442 18 APE 0
SRINIVASGOU PERUMANDLA
SHIVANI POGAKU

43775 CHERRY GROVE CT E
CANTON MI 48188

Amount of Payment 442.

Form at bottom of page.

Payment Form 4 – File and Pay by Jan. 15, 2019. **If amount of payment is zero, do not mail this form.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the taxpayer’s social security number (SSN) or individual taxpayer identification number (ITIN) and “2018 Form 540-ES” on the check or money order. Detach the form below. Enclose, but **do not** staple, payment with the form and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267- 0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information. You can schedule your payments up to one year in advance.
Do not mail this form if you use Web Pay.

✂ — DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — — DETACH HERE — ✂

CAUTION: You may be required to pay electronically. See instructions.

File and Pay by Jan. 15, 2019

TAXABLE YEAR

CALIFORNIA FORM

2018 Estimated Tax for Individuals

540-ES

376-67-3343 PERU 950-92-0442 18 APE 0
SRINIVASGOU PERUMANDLA
SHIVANI POGAKU

43775 CHERRY GROVE CT E
CANTON MI 48188

Amount of Payment 331.

APE

376-67-3343 PERU 950-92-0442 17
SRINIVASGOU PERUMANDLA
SHIVANI POGAKU

A
R
RP

43775 CHERRY GROVE CT E
CANTON MI 48188

04-07-1983 06-26-1993

Filing Status
1 Single
2 Married/RDP filing jointly. See inst.
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
4 Head of household (with qualifying person). See instructions.
5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died
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. If you checked the box on line 6, see instructions. 7 2 X \$114 = \$ 228

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.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name (SHREYA), Last Name (PERUMANDLA), SSN (950920461), and Dependent's relationship to you (DAUGHTER).

Total dependent exemptions 10 1 X \$353 = \$ 353

11 Exemption amount: Add line 7 through line 10 11 \$ 581

12 Total California wages from your Form(s) W-2, box 16 12 65079 00

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 13 103702 00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B. 14 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 103702 00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C. 16 00

17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 103702 00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction. See instructions. 18 28509 00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-. 19 75193 00

Total Taxable Income

Your name: PERUMANDLA

Your SSN or ITIN: 376-67-3343

CA Taxable Income	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	2337	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	65079	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	35	47187	00
	36	CA Tax Rate. Divide line 31 by line 19	36	0	0 3 1 1
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	1468	00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	0	6 2 7 5
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions	39	365	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	1103	00
41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		00	
42	Add line 40 and line 41	42	1103	00	

Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		00
	51	Credit for joint custody head of household. See instructions	51		00
	52	Credit for dependent parent. See instructions	52		00
	53	Credit for senior head of household. See instructions	53		00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
	55	Credit amount. See instructions	55		00
	58	Enter credit name _____ code _____ and amount	58		00
	59	Enter credit name _____ code _____ and amount	59		00
	60	To claim more than two credits. See instructions	60		00
	61	Nonrefundable renter's credit. See instructions	61		00
62	Add line 50 and line 55 through 61. These are your total credits	62		00	
63	Subtract line 62 from line 42. If less than zero, enter -0-	63	1103	00	

Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
	72	Mental Health Services Tax. See instructions	72		00
	73	Other taxes and credit recapture. See instructions	73		00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	1103	00

Payments	81	California income tax withheld. See instructions	81		00
	82	2017 CA estimated tax and other payments. See instructions	82		00
	83	Withholding (Form 592-B and/or 593). See instructions	83		00
	84	Excess SDI (or VPD) withheld. See instructions	84		00
	85	Earned Income Tax Credit (EITC)	85		00
	86	Add lines 81 through 85. These are your total payments. See instructions	86		00

Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101		00
	102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
	103	Overpaid tax available this year. Subtract line 102 from line 101	103		00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104	1103	00



Contributions		Code	Amount
	California Seniors Special Fund. See instructions	● 400	00
	Alzheimer's Disease/Related Disorders Fund	● 401	00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	00
	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	00
	California Firefighters' Memorial Fund	● 406	00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	00
	California Peace Officer Memorial Foundation Fund	● 408	00
	California Sea Otter Fund	● 410	00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	00
	School Supplies for Homeless Children Fund	● 422	00
	State Parks Protection Fund/Parks Pass Purchase	● 423	00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	00
	State Children's Trust Fund for the Prevention of Child Abuse	● 430	00
	Prevention of Animal Homelessness and Cruelty Fund	● 431	00
	Revive the Salton Sea Fund	● 432	00
	California Domestic Violence Victims Fund	● 433	00
	Special Olympics Fund	● 434	00
	Type 1 Diabetes Research Fund	● 435	00
	California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	00
	Habitat for Humanity Voluntary Tax Contribution Fund	● 437	00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	00
	Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	00
	120 Add code 400 through code 440. This is your total contribution	● 120	00

California Adjustments — 2017 Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return: S P E R U M A N D L A & S P O G A K U SSN or ITIN: 3 7 6 6 7 3 3 4 3

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2017.

During 2017:

- 1 My California (CA) Residency (Check one)
 a Myself: Nonresident Part-Year Resident Resident
 b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> MI	<input checked="" type="radio"/> MI
b I was in the military and stationed in (enter two letter code)	<input type="radio"/> --	<input type="radio"/> --
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	<input type="radio"/> --	<input type="radio"/> --
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	<input type="radio"/> --	<input type="radio"/> --
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/> --	<input type="radio"/> --
6 The number of days I spent in CA for any purpose was:	<input type="radio"/> --	<input type="radio"/> --
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> N	<input type="radio"/> N
8 Before 2017: I was a CA resident for the period of	<input type="radio"/> --	<input type="radio"/> --

Part II Income Adjustment Schedule

Section A — Income

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C 7	<input checked="" type="radio"/> 102,135.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 102,135.	<input checked="" type="radio"/> 65,079.
8 Taxable interest. (b) _____ 8(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Ordinary dividends. See instructions. (b) <input checked="" type="radio"/> _____ 9(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Taxable refunds, credits, or offsets of state and local income taxes. 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
11 Alimony received. See instructions. 11	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Business income or (loss) 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Other gains or (losses) 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 IRA distributions. See instructions. (a) <input checked="" type="radio"/> _____ 15(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Pensions and annuities. See instructions. (a) <input checked="" type="radio"/> _____ 16(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input checked="" type="radio"/> -2,303.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> -2,303.	<input checked="" type="radio"/>
18 Farm income or (loss) 18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation 19	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
20 Social security benefits. (a) <input checked="" type="radio"/> _____ 20(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
21 Other income. a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL deduction from FTB 3805V 21 e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe): _____	<input checked="" type="radio"/> 4,870.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 4,870.	<input checked="" type="radio"/> 0.
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 22a	<input checked="" type="radio"/> 104,702.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 104,702.	<input checked="" type="radio"/> 65,079.

Income Adjustment Schedule		A	B	C	D	E
Section B — Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	b Enter totals from Side 1, line 22a, col. A through col. E. 22b	<input checked="" type="radio"/> 104,702.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 104,702.	<input checked="" type="radio"/> 65,079.
23	Educator expenses. 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses. 26	<input checked="" type="radio"/> 1,000.			<input checked="" type="radio"/> 1,000.	<input checked="" type="radio"/> 0.
27	Deductible part of self-employment tax . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Tuition and fees 34	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
35	Domestic production activities deduction . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E 36	<input checked="" type="radio"/> 1,000.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1,000.	<input checked="" type="radio"/> 0.
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . 37	<input checked="" type="radio"/> 103,702.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 103,702.	<input checked="" type="radio"/> 65,079.

Part III 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 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) <input checked="" type="radio"/> 38	30,519.
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 taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. <input checked="" type="radio"/> 39	2,010.
40	Subtract line 39 from line 38 <input checked="" type="radio"/> 40	28,509.
41	Other adjustments including California lottery losses. See instructions. Specify _____ <input checked="" type="radio"/> 41	
42	Combine line 40 and line 41 <input checked="" type="radio"/> 42	28,509.
43	Is your federal AGI (Long Form 540NR, 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 (540NR), line 43 <input checked="" type="radio"/> 43	28,509.
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions. <input checked="" type="radio"/> 44	28,509.

Part IV California Taxable Income

45	California AGI. Enter your California AGI from line 37, column E <input checked="" type="radio"/> 45	65,079.
46	Enter your deductions from line 44 <input checked="" type="radio"/> 46	28,509.
47	Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- <input checked="" type="radio"/> 47 <u>0.6276</u>	
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 <input checked="" type="radio"/> 48	17,892.
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- <input checked="" type="radio"/> 49	47,187.

Underpayment of Estimated Tax by Individuals and Fiduciaries

2017

5805

Attach this form to the **back** of your Form 540, Long Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

SSN, ITIN, or FEIN

S PERUMANDLA & S POGAKU

3 7 6 6 7 3 3 4 3

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2016 or 2017 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2016 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2017 return or 100% of the tax shown on your 2016 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2017 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General information E.

1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement.
See General Information C 1 Yes No

2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Long Form 540NR, line 123; or Form 541, line 44 2 Yes No

3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? 3 Yes No
 N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/17 \$; 6/15/17 \$; 9/15/17 \$; 1/15/18 \$.

4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E . . 4 Yes No

Part III Annualized Income Installment Method Schedule.

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2017 (See Example A). If you earned your income at approximately the same rate each month (See Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

Example A: If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

Example B: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. Estates and trusts, **do not** use the period ending dates shown to the right. Instead, use the following: 2/28/17, 4/30/17, 7/31/17, and 11/30/17. Fiscal year filers must adjust dates accordingly.

	(a) 1/1/17 to 3/31/17	(b) 1/1/17 to 5/31/17	(c) 1/1/17 to 8/31/17	(d) 1/1/17 to 12/31/17
1 Enter your California adjusted gross income (AGI) for each period. Long Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions				
2 Annualization amounts. Estates or Trusts, see instructions	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2.				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9				
5 Annualization amounts	4	2.4	1.5	1
6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions				
7 Enter your standard deduction from your 2017 Form 540, or Long Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions				
8 Enter line 6 or line 7, whichever is larger				
9 Subtract line 8 from line 3				
10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Long Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions				
11 Enter the total amount of exemption credits from your 2017 Form 540, line 32 or Form 541, line 22. If you filed a Long Form 540NR, see instructions.				
12 Subtract line 11 from line 10. Long Form 540NR filers, complete Worksheet I on page 3 of the instructions				
13 Enter the total credit amount from your 2017 Form 540, line 47; or Form 541, line 23. Long Form 540NR filers, see instructions.				
14 a Subtract line 13 from line 12. If zero or less, enter -0-				
b Enter the alternative minimum tax and mental health tax. See Instructions				
c Add line 14a and line 14b				
d Enter the excess SDI from Form 540, line 74 or Long Form 540NR, line 84				
e Subtract line 14d from line 14c. If zero or less, enter -0-				
15 Applicable percentage.	27%	63%	63%	90%
16 Multiply line 14e by line 15.				
Complete Line 17 through Line 23 of each column before you go to the next column.				
17 Enter the combined amounts shown on line 23 from all preceding columns				
18 Subtract line 17 from line 16. If zero or less, enter -0-				
19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c.				
20 Enter the amount from line 22 from the preceding column				
21 Add line 19 and line 20.				
22 Subtract line 18 from line 21. If zero or less, enter -0-				
23 Enter line 18 or line 21, whichever is less. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1.				

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.

California Information Worksheet

2017

▶ Keep for your records

Part I — Personal Information

Taxpayer:

Last Name PERUMANDLA
 First Name SRINIVAS GOUD
 Middle Initial Suffix
 Social Security No. 376-67-3343
 Date of Birth 04/07/1983 (mm/dd/yyyy)
 or age as of 1-1-2018 34
 Date of Death (mm/dd/yyyy)
 Legally blind
 Work Phone Ext
 Home phone

Spouse/RDP:

Last name (if different) . POGAKU
 First Name SHIVANI
 Middle Initial Suffix
 Social Security No. 950-92-0442
 Date of Birth 06/26/1993 (mm/dd/yyyy)
 or age as of 1-1-2018 24
 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 . . 43775 CHERRY GROVE CT E
 Unit Description Unit Number Private Mailbox (PMB)
 City CANTON State MI ZIP Code 48188
 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 MI
 Resident entire year
 Resident part of year
 Date taxpayer established residence in state above
 In which state (or foreign country) did taxpayer reside before this change?
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
SHREYA		PERUMANDLA	950-92-0461	Daughter

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
[X] Direct deposit your client's state tax refund?
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 [X] Savings []
Routing number 121000358
Account number 325036754788

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

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

Part IX – California Contributions

Table with 3 columns: Contribution Number (1-25), Contribution Name, and a blank column for input.

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. ▶ _____

► Keep for your records

Name(s) Shown on Return
S PERUMANDLA & S POGAKU

Your Social Security Number
376-67-3343

Part I 2018 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2018 Estimates:

- a 100% (110%) of 2017 taxes. 1,103.
- b 100% of tax on 2018 estimated taxable income 1,103.
- c 90% of tax on 2018 estimated taxable income 993.
- d 66-2/3% of tax on 2018 estimated taxable income (farmers and fishermen) 736.
- e Equal to 100% of overpayment (no vouchers) 0.
- f Enter total amount you want to use for estimates and check box ►

2 Selected estimated tax amount:

- a 2018 Required Annual Payment based on your choice above 1,103.
- b Estimated amount of 2018 state income tax withholding
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) 1,103.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$500 or more (\$250 or more if married filing separately)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available 0.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess 1,104.
- d Apply to extent of first quarter amount and refund excess 331.
- e Enter amount you want to apply ►
- f Amount applied to 2018 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options (see Tax Help for printing ES amounts on Client Letter)

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2018	2 Jun 15, 2018	3 Sep 15, 2018	4 Jan 15, 2019	Total
1 If you have already made payments, enter amounts. . .					
2 Indicate which payment is due next. (e.g. if it is now May 10, 2018, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment	331.	442.	0.	331.	1,104.
4 Overpayment applied	0.	0.	0.	0.	0.
5 Net payment due	331.	442.	0.	331.	1,104.
6 Voucher amounts	331.	442.	0.	331.	1,104.

Part V Filing Status and Residency Change for 2018

- 1 Choose 2018 filing status:
 Single
 Married filing jointly
 Married filing separately
 Head of Household
 Qualifying widow(er)
- 2 Check if you are a resident filer in 2017 and expect to be a nonresident in 2018 or vice versa

Part VI Changes to Income, Deductions, Credits and Withholding for 2018

2017 income and deductions are shown in the '2017 Actual' column below.

***Caution:** For each line in the '2018 Est' column, enter the estimated 2018 amount **if different** from 2017. Otherwise, the '2017 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2017 Actual	*2018 Est
A Federal adjusted gross income	103,702.	
B Residents: Enter California adjusted gross income		
C Nonresidents/Part-year residents:		
1 AGI from all sources (after all California adjustments)	103,702.	
2 AGI from California sources.	65,079.	
D Itemized Deductions: Use itemized deductions for 2018 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
1 Total itemized deductions (before phaseout)	28,509.	
2 Total itemized deductions (after phaseout)	28,509.	
3 Medical, investment interest, casualty and gambling losses, included in D1 (after all California adjustments).	4,072.	
E Number of personal, blind and senior exemptions	2	
F Number of dependent exemptions	1	
G Credits:		
1 Credits for joint custody head of household, dependent parent and senior head of household		
2 Child and dependent care expenses		
H Other credits (such as renter's credit and other state tax credit)		
I Tax on accumulation distribution of trusts from FTB 5870A		
J Interest on deferred tax from installment obligations under IRC Section 453 or 453A		
K Alternative minimum tax.		
L California income tax withheld		

Part VII 2018 Estimated Taxable Income and Tax

1 Residents: Enter your estimated 2018 California AGI. Nonresidents and part-year residents: Enter your estimated 2018 total AGI from all sources	1	103,702.
2 a If you plan to itemize deductions, enter the estimated total of your itemized deductions 2 a	2 a	28,509.
b If you do not plan to itemize deductions, enter the standard deduction for your filing status: \$4,236 single or married filing separately \$8,472 married filing jointly, head of household, or qualifying widow(er) b	b	
c Enter the amount from line 2a or line 2b, whichever applies	2 c	28,509.
3 Subtract line 2c from line 1	3	75,193.

<p>4 Tax. Figure your tax on the amount on line 3 using 2017 tax table for Forms 540 or Long Form 540NR. Also include any tax from Form 3800, Tax Computation for Children with Investment Income; or Form 3803, Parents' Election to Report Child's Interest and Dividends</p>	<p>4</p>	<p><u>2,337.</u></p>
<p>5 Residents: Skip to line 6a. Nonresidents and part-year residents:</p>		
<p>a Enter your estimated California taxable income from Schedule CA (540NR), Part V, line 49</p>	<p>5 a</p>	<p><u>47,187.</u></p>
<p>b Compute the CA Tax Rate: Tax on total taxable income from line 4 2,337.</p>		
<p style="text-align: right;">_____ =</p> <p style="text-align: right;">Total taxable income from line 3 75,193.</p>	<p>b</p>	<p><u>0.0311</u></p>
<p>c Multiply the amount on line 5a by the CA Tax Rate on line 5b</p>	<p>c</p>	<p><u>1,468.</u></p>
<p>6 a Residents: Enter the exemption credit amount from the 2017 instructions for Form 540 or Form 540A.</p>	<p>6 a</p>	
<p>b Nonresidents or part-year residents: Enter the CA credit proration percentage. Divide line 5a by line 3. If more than 1 enter 1.0000</p>	<p>b</p>	<p><u>0.6275</u></p>
<p>7 Nonresidents: CA prorated exemption credits. Multiply the total exemption credit amount by line 6b.</p>	<p>7</p>	<p><u>365.</u></p>
<p>8 Residents: Subtract line 6a from line 4. Nonresidents or part-year residents subtract line 7 from line 5c</p>	<p>8</p>	<p><u>1,103.</u></p>
<p>9 Tax on accumulation distribution of trusts</p>	<p>9</p>	
<p>10 Add line 8 and line 9</p>	<p>10</p>	<p><u>1,103.</u></p>
<p>11 Credits for joint custody head of household, dependent parent, senior head of household and child and dependent care expenses. Nonresidents or part-year residents: For the child and dependent care expenses credit, use the amount from your 2017 Long Form 540NR, line 50. For the other credits listed on line 11, multiply the total 2017 credit amount by the ratio on line 6b.</p>	<p>11</p>	
<p>12 Subtract line 11 from line 10</p>	<p>12</p>	<p><u>1,103.</u></p>
<p>13 Other credits (such as other state tax credit). See the 2017 instructions for Form 540 or Long Form 540NR</p>	<p>13</p>	
<p>14 Subtract line 13 from line 12</p>	<p>14</p>	<p><u>1,103.</u></p>
<p>15 Interest on deferred tax from installment obligations under IRC Sections 453 or 453A</p>	<p>15</p>	
<p>16 Alternative Minimum Tax</p>	<p>16</p>	
<p>17 Mental Health Services Tax</p>	<p>17</p>	
<p>18 2018 estimated tax. Add line 14 through line 17. Enter the result, but not less than zero</p>	<p>18</p>	<p><u>1,103.</u></p>

Tax Payments Worksheet

2017

▶ Keep for your records

Name S PERUMANDLA & S POGAKU	Social Security Number 376-67-3343
---------------------------------	---------------------------------------

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	0.
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	0.
15	Date return will be filed and balance paid	15	

**California
Schedule E Worksheet**

2017

▶ Keep for your records

Name(s) Shown on Return <u>S PERUMANDLA & S POGAKU</u>	Social Security No. <u>376-67-3343</u>
---	---

1 Property description 3-6-139/52 Himayat Nagar Road
 Property type. . . 3 Vacation/Short-term If type is other, enter a description . . . _____
 Location (street address) 3-6-139/52 Himayat Nagar R
 City HYDERABAD State _____ ZIP code _____
 Foreign country . . . India

2 Days rented at fair rental value 365 Days of personal use 0

Check all that apply

<p>A Owned by spouse <input type="checkbox"/></p> <p>C Active participation <input type="checkbox"/></p> <p>E Other passive exceptions <input type="checkbox"/></p> <p>G Complete taxable disposition <input checked="" type="checkbox"/></p>	<p>B Owned jointly <input type="checkbox"/></p> <p>D Material participation <input type="checkbox"/></p> <p>F Some investment is not at risk. <input type="checkbox"/></p>
---	---

Ownership Percentage

H Check to allocate income and expenses using ownership percentage

I Enter ownership percentage _____ %

Owner rents part of a property

J Check to allocate personal use items to Schedule A

K Percentage of rental use _____ %

Vacation home or property with personal use days

L Check to allocate interest and taxes using Tax Court Method

M Number of days property owned if less than 365 _____

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	650.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	650.	100.000000	650.
4 Enter royalties received (not reported elsewhere) . .			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if Not 100.00	(c) Reported on Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal Use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint					
8 Commissions					
9 a Mort insur qualified					
From Form 1098 wks					
Total mort insur qual					
b Other Insurance					
10 Legal and other professional fees					
11 Management fees					
12 a Mortgage int qualified					
From Form 1098 wks					
Total mort int qualified					
b Mort int other	2,953.				
From Form 1098 wks					
Total mort int other	2,953.		2,953.		
13 Other interest					
14 Repairs					
15 Supplies					
16 a Real estate taxes					
From Form 1098 wks					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation					
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	2,953.		2,953.		
21 Income or (loss)			-2,303.		
22 Deductible rental real estate loss			-2,303.		

Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 540NR: Nonresident or Part-Year Resident Income Tax Return

Form 540NR California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>0.</u>
B	Real estate and nonresident 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 or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 81. Subtract line B from line A <u>0.</u>

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
1	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is not entered <u>65,079.</u>

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

Schedule CA(NR) Schedule E Income Smart Worksheet			
Rental Real Estate & Royalty Income:			
Rental & Royalty Name	State Rental or Royalty was Located	Column D Total Amounts	Column E CA Source Amounts
3-6-139/52 HIMAYAT NAGAR R		-2,303.	0.
QuickZoom to Schedule E Worksheet ▶			
K-1 Partnership Income:			
Partnership Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
QuickZoom to Schedule K-1 Partnership Worksheet ▶			
K-1 S-Corp Income:			
S-Corp Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
QuickZoom to Schedule K-1 S-Corp Worksheet ▶			
K-1 Trust Income:			
Trust Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
QuickZoom to Schedule K-1 Trust Worksheet. ▶			

SMART WORKSHEET FOR: Schedule E Worksheet (3-6-139/52 Himayat Nagar R)

General Information Smart Worksheet	
A	Federal depreciation from this activity _____
B	Federal amortization from this activity _____
C	Federal profit (loss) before passive loss limitation, if any <u> -2,303. </u>
D	If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 or Passive Activities Worksheet 3, column A or column B, whichever is applicable _____
E	QuickZoom to another copy of Schedule E Worksheet →

SMART WORKSHEET FOR: Schedule E Worksheet (3-6-139/52 Himayat Nagar R)

Federal/California Adjustment Smart Worksheet	
A	Net California profit or (loss) allowed <u> -2,303. </u>
B	Net federal profit or (loss) allowed <u> -2,303. </u>
C	Federal/CA adjustment. Line A less line B <u> 0. </u>

SMART WORKSHEET FOR: Schedule E Worksheet (3-6-139/52 Himayat Nagar R)

Activity Summary Smart Worksheet		
Supporting information provided by program. NO ENTRIES ARE NEEDED.		
A	Ownership	Taxpayer
B	At-risk status	All
C	Passive status	Disposition
Schedule E		
D	Tentative profit (loss)	-2,303.
E	Other adjustments and preferences	
F	At-risk disallowed loss	
G	Passive carryover loss.	
H	Passive disallowed loss	
I	Net profit (loss) allowed	-2,303.
Related Disposition		
J	Tentative profit (loss)	
K	At-risk disallowed loss	
L	Passive carryover loss.	
M	Passive disallowed loss	
N	Net profit (loss) allowed	
AMT Exclusion		
O	Schedule E income/loss	-2,303.

2018 MI-1040ES, Michigan Estimated Income Tax for Individuals

NOTE: If you are married and plan to file your annual return as “married filing separately,” DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2018 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2018 withholding to be at least:

- 90 percent of your total 2018 tax (qualified farmers, fishermen and seafarers use 66 2/3 percent),
- 100 percent of your 2017 tax, or
- 110 percent of your total 2017 tax if your 2017 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2017 tax is the amount on your 2017 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 17, 2018. You may also pay in equal installments due on or before April 17, 2018, June 15, 2018, September 17, 2018, and January 15, 2019.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2018 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/it for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to “State of Michigan.” Print the last four digits of your SSN and “2018 MI-1040ES” on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

**Michigan Department of Treasury
 P.O. Box 30774
 Lansing, MI 48909**

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2018 MICHIGAN MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 04-17-2018

Filer's Name(s) SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Filer's Social Security No. 376-67-3343	Spouse's Social Security No. 950-92-0442
Address (Street, City, State, ZIP Code) 43775 CHERRY GROVE CT E CANTON MI 48188	WRITE PAYMENT AMOUNT HERE	
	\$	343 .00
MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2018 MI-1040ES ” on the front of your check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

2018 MI-1040ES, Michigan Estimated Income Tax for Individuals

NOTE: If you are married and plan to file your annual return as “married filing separately,” DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2018 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2018 withholding to be at least:

- 90 percent of your total 2018 tax (qualified farmers, fishermen and seafarers use 66 2/3 percent),
- 100 percent of your 2017 tax, or
- 110 percent of your total 2017 tax if your 2017 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2017 tax is the amount on your 2017 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 17, 2018. You may also pay in equal installments due on or before April 17, 2018, June 15, 2018, September 17, 2018, and January 15, 2019.

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Send your voucher and check to:

**Michigan Department of Treasury
 P.O. Box 30774
 Lansing, MI 48909**

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2018 MICHIGAN MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 06-15-2018

Filer's Name(s) SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Filer's Social Security No. 376-67-3343	Spouse's Social Security No. 950-92-0442
Address (Street, City, State, ZIP Code) 43775 CHERRY GROVE CT E CANTON MI 48188	WRITE PAYMENT AMOUNT HERE	
	\$	343 .00
MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2018 MI-1040ES ” on the front of your check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

2018 MI-1040ES, Michigan Estimated Income Tax for Individuals

NOTE: If you are married and plan to file your annual return as “married filing separately,” DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2018 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2018 withholding to be at least:

- 90 percent of your total 2018 tax (qualified farmers, fishermen and seafarers use 66 2/3 percent),
- 100 percent of your 2017 tax, or
- 110 percent of your total 2017 tax if your 2017 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2017 tax is the amount on your 2017 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 17, 2018. You may also pay in equal installments due on or before April 17, 2018, June 15, 2018, September 17, 2018, and January 15, 2019.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2018 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/it for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to “State of Michigan.” Print the last four digits of your SSN and “2018 MI-1040ES” on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

**Michigan Department of Treasury
 P.O. Box 30774
 Lansing, MI 48909**

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2018 MICHIGAN MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers
 09-17-2018

Filer's Name(s) SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Filer's Social Security No. 376-67-3343	Spouse's Social Security No. 950-92-0442
Address (Street, City, State, ZIP Code) 43775 CHERRY GROVE CT E CANTON MI 48188	WRITE PAYMENT AMOUNT HERE	
	\$	343 .00
MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2018 MI-1040ES ” on the front of your check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

2018 MI-1040ES, Michigan Estimated Income Tax for Individuals

NOTE: If you are married and plan to file your annual return as “married filing separately,” DO NOT use preprinted vouchers containing the Social Security numbers (SSN) or correspondence identification numbers (CID) for both you and your spouse; separate vouchers and payments must be submitted for each filer.

Who Must File Estimated Tax Payments

You must make estimated income tax payments if you expect to owe more than \$500 when you file your 2018 MI-1040 return. If you owe more than \$500, you may not have to make estimated payments if you expect your 2018 withholding to be at least:

- 90 percent of your total 2018 tax (qualified farmers, fishermen and seafarers use 66 2/3 percent),
- 100 percent of your 2017 tax, or
- 110 percent of your total 2017 tax if your 2017 adjusted gross income is more than \$150,000 (\$75,000 for married filing separately).

Total 2017 tax is the amount on your 2017 MI-1040, line 21 less the sum of your tax credits on lines 25, 26, 27b, and 28. Estimated tax payments are not needed if two-thirds of your gross income is from farming, fishing or seafaring and you meet the qualifications. Estimate filing requirements apply whether or not you are a Michigan resident.

Do not submit this form for any quarter that you do not have estimated tax due.

Payment Due Dates

You may pay in full with the first estimate voucher due April 17, 2018. You may also pay in equal installments due on or before April 17, 2018, June 15, 2018, September 17, 2018, and January 15, 2019.

NOTE: You will not receive reminder notices; save this set of forms for all of your 2018 payments.

How to Pay Estimated Tax

e-Payments

You may choose to make your estimated income tax payments electronically instead of mailing a payment with the personalized form provided. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card. If you choose to make your payment electronically, you do not need to mail the MI-1040ES form to Treasury. Visit www.michigan.gov/it for more information.

Mail Your Payment

If you choose to mail your payment, make your check payable to “State of Michigan.” Print the last four digits of your SSN and “2018 MI-1040ES” on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s SSN on the check. For accurate processing of your payment, do not combine this payment with any other payments. Send your check with the MI-1040ES voucher for that installment. Do not staple your check to the voucher.

Send your voucher and check to:

**Michigan Department of Treasury
 P.O. Box 30774
 Lansing, MI 48909**

DETACH HERE AND MAIL THE RETURN WITH YOUR PAYMENT. DO NOT FOLD OR STAPLE THE RETURN.

2018 MICHIGAN MI-1040ES Estimated Individual Income Tax Voucher

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Due Date for Calendar Year Filers

01-15-2019

Filer's Name(s) SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Filer's Social Security No. 376-67-3343	Spouse's Social Security No. 950-92-0442
Address (Street, City, State, ZIP Code) 43775 CHERRY GROVE CT E CANTON MI 48188	WRITE PAYMENT AMOUNT HERE	
	\$	343 .00
MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Enclose check payable to “ State of Michigan. ” Write last four digits of filer’s SSN and “ 2018 MI-1040ES ” on the front of your check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

Instructions for Form MI-1040-V

2017 Michigan Individual Income Tax e-file Payment Voucher

Payment can be made using Michigan's e-Payments service by direct debit (e-Check) from your checking or savings account, or by using a credit or debit card. You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider. Visit www.michigan.gov/iit for more information. When making your payment electronically, you do not need to mail Form MI-1040-V to Treasury.

Important Information

Mail Form MI-1040-V with your payment after you e-file your MI-1040 return.

Do not use this voucher to make any other payments to the State of Michigan.

Do not use the MI-1040-V to pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 17, 2018. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www.michigan.gov/taxes.

If you do not owe any tax on your e-filed MI-1040, do not file this form.

Mailing Instructions

- Make your check payable to the **"State of Michigan."** Print **"2017 MI-1040-V"** and the last four digits of the your **Social Security number** on the check. If paying on behalf of another filer, write the filer's name and the last four digits of the filer's Social Security number on the check. For accurate processing of your payment, do not combine this payment with any other payments (such as the City of Detroit) to the State of Michigan.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:

Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909

- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you choose to make your payment electronically, using e-Payments or through your e-file software provider using direct debit, you do not need to mail Form MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/iit for additional information.

Mail this form with payment for your e-file return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 04-17)

2017 MICHIGAN Individual Income Tax e-file Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you e-file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 11/13/17 PRO

Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) SRINIVAS GOUD PERUMANDLA SHIVANI POGAKU 43775 CHERRY GROVE CT E CANTON MI 48188	Filer's Full Social Security Number 376-67-3343	Spouse's Full Social Security Number 950-92-0442
WRITE PAYMENT AMOUNT HERE ➡ \$		1677 .00
MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909		Make check payable to "State of Michigan." Write the last four digits of filer's Social Security number and "2017 MI-1040-V" on the check. Do not fold or staple.

DO NOT WRITE IN THIS SPACE

1555

80698285 02 2017 950920442 376673343 0

2017 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 17, 2018.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

1. Filer's First Name SRINIVAS GOUD	M.I.	Last Name PERUMANDLA	2. Filer's Full Social Security No. (Example: 123-45-6789) 376 — 67 — 3343
If a Joint Return, Spouse's First Name SHIVANI	M.I.	Last Name POGAKU	3. Spouse's Full Social Security No. (Example: 123-45-6789) 950 — 92 — 0442
Home Address (Number, Street, or P.O. Box) 43775 CHERRY GROVE CT E			
City or Town CANTON	State MI	ZIP Code 48188	4. School District Code (5 digits – see page 60) 41050

<p>5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p>6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p>7. 2017 FILING STATUS. Check one.</p> <p>a. <input type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input checked="" type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p>	<p>8. 2017 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input checked="" type="checkbox"/> Resident * If you check box "b" or "c," you must complete and include Schedule NR.</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</p>

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

a. Number of exemptions claimed on 2017 federal return.....	9a.	3	x \$4,000	9a.	12000	00
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	9b.		x \$2,600	9b.		00
c. Number of qualified disabled veterans	9c.		x \$400	9c.		00
d. Claimed as dependent, see line 9 NOTE above	9d.	<input type="checkbox"/>		9d.		00
e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15	9e.			9e.	12000	00
10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions).....	10.			10.	103702	00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.			11.		00
12. Total. Add lines 10 and 11	12.			12.	103702	00
13. Subtractions from Schedule 1, line 27. Include Schedule 1	13.			13.		00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.			14.	103702	00
15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19.....	15.			15.	12000	00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.			16.	91702	00
17. Tax. Multiply line 16 by 4.25% (0.0425)	17.			17.	3897	00

NON-REFUNDABLE CREDITS

		AMOUNT			CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	1103		18b.	1103
19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions).....	19a.			19b.	
20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"	20.			20.	2794

Filer's Full Social Security Number

376 — 67 — 3343

21. Enter amount of Income Tax from line 20.....	21.	2794	00
22. Voluntary Contributions from Form 4642, line 7. Include Form 4642	22.		00
23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.	0	00
24. Total Tax Liability. Add lines 21, 22 and 23.....	24.	2794	00

REFUNDABLE CREDITS AND PAYMENTS

25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.		00
26. Farmland Preservation Tax Credit. Include MI-1040CR-5	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b.....	27a.		00
	27b.		00
28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.		00
29. Michigan tax withheld from Schedule W, line 7. Include Schedule W (do not submit W-2s)	29.	1424	00
30. Estimated tax, extension payments and 2016 credit forward.....	30.		00
31. 2017 AMENDED RETURNS ONLY. Taxpayers completing an original 2017 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) .	31c.		00
31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c.			
31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty.			
32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c.....	32.	1424	00

REFUND OR TAX DUE

33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. Include interest <input type="text" value="35"/> <input type="text" value="00"/> and penalty <input type="text" value="272"/> <input type="text" value="00"/> YOU OWE	33.	1677	00
34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32.....	34.		00
35. Credit Forward. Amount of line 34 to be credited to your 2018 estimated tax for your 2018 tax return ...	35.		00
36. Subtract line 35 from line 34..... REFUND	36.		00

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

a. Routing Transit Number	b. Account Number	c. Type of Account	
		1. <input type="checkbox"/> Checking	2. <input type="checkbox"/> Savings

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2016, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2017 (MM-DD-YYYY)

Filer	<input type="text" value="-"/> <input type="text" value="-"/>	Spouse	<input type="text" value="-"/> <input type="text" value="-"/>
-------	---	--------	---

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02090332

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

Preparer's Name (print or type)
APPANA RUPA VENKATA SATYA SAI
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
646-727-7157

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**
Pay amount on line 33 (see instructions). Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

2017 MICHIGAN Underpayment of Estimated Income Tax MI-2210

Include with Form MI-1040 or MI-1041. Round all money items to whole dollars. Type or print in blue or black ink.

1. For 2017 or taxable year beginning: and ending:

Attachment 12

2. Filer's First Name SRINIVAS GOUD	M.I.	Last Name PERUMANDLA	3. Filer's Full Social Security No. (Example: 123-45-6789) 376 — 67 — 3343
If a Joint Return, Spouse's First Name SHIVANI	M.I.	Last Name POGAKU	4. Spouse's Full Social Security No. (Example: 123-45-6789) 950 — 92 — 0442

PART 1: ESTIMATED TAX REQUIRED FOR THE YEAR

5. Enter 2016 tax. Subtract the sum of MI-1040 lines 25, 26, 27b, and 28 from line 21 (see instructions).....	5.		00
6. Enter 2017 tax. Subtract the sum of MI-1040 lines 25, 26, 27b, and 28 from line 21 (Fiduciaries, see instructions).	6.	2794	00
7. Multiply amount on line 6 by 90% (0.9).	7.	2515	00
8. Enter the smaller of lines 5 and 7.	8.	2515	00
9. <input type="checkbox"/> Check this box if you use the annualized income installment method. If your income varied during the year, this method may reduce the amount of one or more required installments.			

PAYMENT DUE DATES		A	B	C	D
<i>NOTE: Complete lines 11 through 22 one column at a time.</i>		April 18, 2017	June 15, 2017	Sept. 15, 2017	Jan. 16, 2018
10. Divide the amount on line 8 by four. Enter in each column. CAUTION: If annualizing, enter amount from Worksheet line 16.		628	629	629	629
11. Estimated tax paid and withheld. (For column A only, enter amount from line 11 on line 15.)		356	356	356	356
12. Enter amount, if any, from line 18 of the previous column.					
13. Add lines 11 and 12.			356	356	356
14. Add lines 16 and 17 of the previous column and enter the result here.			272	545	818
15. Subtract line 14 from line 13. If less than zero, enter "0" (For column A only, enter the amount from line 11.)		356	84	0	0
16. Remaining underpayment from previous period. If amount on line 15 is zero, subtract line 13 from line 14 and enter result here. Otherwise, go to line 17.			0	189	462
17. UNDERPAYMENT. If line 10 is greater than or equal to line 15, subtract line 15 from line 10 and enter the result here. Then go to line 11 of the next column. Otherwise, go to line 18.		272	545	629	629
18. OVERPAYMENT. If line 15 is greater than line 10, subtract line 10 from line 15 and enter here. Then go to line 11 of next column.					

PART 2: FIGURING THE INTEREST

19. Underpayment from line 17.		272	545	629	629
20. a. Rate Period 1: 4.50%. April 18, 2017 - June 30, 2017 Computation starting date for this period:		April 18, 2017	June 15, 2017		
b. Number of days from date on line 20a to the date line 19 was paid or June 30, 2017, whichever is earlier. If June 30 is earlier, enter 73 and 15 respectively.					
c. 0.0001233 x days on line 20b x underpayment on line 19.					
21. a. Rate Period 2: 4.70%. July 1, 2017 - Dec. 31, 2017 Computation starting date for this period:		June 30, 2017	June 30, 2017	Sept. 15, 2017	
b. Number of days from date on line 21a to the date line 19 was paid or Dec. 31, 2017, whichever is earlier. If Dec. 31 is earlier, enter 184, 184 and 107 respectively.					
c. 0.0001288 x days on line 21b x underpayment on line 19.					

Filer's Full Social Security Number

376 — 67 — 3343

22. a. Rate Period 3: 5.15%. Jan. 1, 2018 - June 30, 2018 Computation starting date for this period:	Dec. 31, 2017	Dec. 31, 2017	Dec. 31, 2017	Jan. 16, 2018
b. Number of days from date on line 22a to the date line 19 was paid or April 17, 2018, whichever is earlier. If April 17 is earlier, enter 107, 107, 107 and 91 respectively.				
c. 0.0001411 x days on line 22b x underpayment on line 19.				
23. TOTAL INTEREST. Add amounts on lines 20c, 21c and 22c in all columns. Enter the total interest here and on the appropriate line on your MI-1040 or MI-1041 SEE STATEMENT				23. 35 00

PART 3: FIGURING THE PENALTY

	A April 18, 2017	B June 15, 2017	C Sept. 15, 2017	D Jan. 16, 2018
24. Underpayment (see instructions).....	272 00	273 00	273 00	273 00
25. Enter 25% (0.25) or 10% (0.10) (see instructions)	25 %	25 %	25 %	25 %
26. Multiply amount on line 24 by line 25.	68 00	68 00	68 00	68 00
27. TOTAL PENALTY. Add line 26, columns A through D. Enter the total penalty here and on the appropriate line on your MI-1040 or MI-1041				27. 272 00
28. Add lines 23 and 27. This is your total penalty and interest to be added to your tax due.				28. 307 00

This form computes penalty and interest for estimate vouchers to the date of payment or April 17, 2018, whichever is earlier. Additional penalty and interest for late filing accrues on your annual return from April 18 to the date of payment.

ANNUALIZED INCOME WORKSHEET

Complete one column at a time. Line numbers refer to this Worksheet unless another form is listed.

Estates and trusts: Use the following period ending dates: 2/28/17, 4/30/17, 7/31/17 and 11/30/17.

Do not use the dates in the column headings below.

	A First 3 months 1-1 to 3-31-17	B First 5 months 1-1 to 5-31-17	C First 8 months 1-1 to 8-31-17	D 12 months 1-1 to 12-31-17
1. Enter total income subject to tax (reported on 2017 MI-1040, line 14) that is attributable to each period in the corresponding column				
2. Annualization amounts	4	2.4	1.5	1
3. Annualized total income. Multiply line 1 by line 2				
4. Enter total exemption allowance (MI-1040, line 15)				
5. Subtract line 4 from line 3				
6. Multiply line 5 by 2017 tax rate 4.25% (0.0425)				
7. Enter the sum of your 2017 MI-1040 credits from lines 18b, 19b, 25, 26, 27b, and 28 in each column				
8. Tax after credits. Subtract line 7 from line 6 (if less than zero, enter "0")				
9. Multiply line 8 by 22.5% (1st period), 45% (2nd period), 67.5% (3rd period) and 90% (4th period). Enter the results in each column	(line 8 x 22.5%)	(line 8 x 45%)	(line 8 x 67.5%)	(line 8 x 90%)
10. Enter combined amounts from line 16 of all previous columns				
11. Subtract line 10 from line 9 (if less than zero, enter "0")				
12. Required quarterly payment. Divide the amount on MI-2210, line 8, page 1, by four and enter the result in each column ...				
13. Enter the amount from line 15 of the previous column				
14. Add lines 12 and 13				
15. Subtract line 11 from line 14 (if less than zero, enter "0")				
16. Required installments. Enter the smaller of lines 14 or 11 here and on MI-2210, line 10, page 1				

2017 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2017, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040 where applicable. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name SRINIVAS GOUD	M.I.	Last Name PERUMANDLA	2. Filer's Full Social Security No. (Example: 123-45-6789) 376 — 67 — 3343
If a Joint Return, Spouse's First Name SHIVANI	M.I.	Last Name POGAKU	3. Spouse's Full Social Security No. (Example: 123-45-6789) 950 — 92 — 0442

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		38-6006309	UNIVERSITY OF MI	33514	00	1424	00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 1 Subtotal from additional Schedule W forms (if applicable).....							00
4. SUBTOTAL. Enter total of Table 1, column E.						4.	1424 00

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS

A		B	C	D		E	
Enter "X" for: Filer or Spouse		Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)		Michigan income tax withheld	
					00		00
					00		00
					00		00
					00		00
					00		00
					00		00
Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....							00
5. SUBTOTAL. Enter total of Table 2, column E.						5.	00

Name as Shown on Return SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Social Security Number 376-67-3343
--	---------------------------------------

- **QuickZoom** to another copy of this worksheet ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code ▶ CA
Jurisdiction name California

1 Income earned in another state or locality subject to Michigan tax	1	<u>47,187.</u>
2 Enter the amount from Form MI-1040, line 14.	2	<u>103,702.</u>
3 Divide line 1 by line 2	3	<u>0.4550</u>
4 Enter the amount from Form MI-1040, line 17.	4	<u>3,897.</u>
5 Multiply line 4 by line 3	5	<u>1,773.</u>
6 Enter the amount of tax imposed by another state or locality	6	<u>1,103.</u>
7 Credit. Enter line 6 or the smaller of line 5 or line 6	7	<u>1,103.</u>

Michigan Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name PERUMANDLA
 First Name SRINIVAS GOUD
 Middle Initial _____ Suffix _____
 Social Security No. 376-67-3343
 Date of Birth 04/07/1983 (mm/dd/yyyy)
 Age as of 12/31/2017 34
 Date of death _____
 Occupation SOFTWARE ENGINEER
 Work Phone _____
 Home Phone _____

Spouse:

Last Name POGAKU
 First Name SHIVANI
 Middle Initial _____ Suffix _____
 Social Security No. 950-92-0442
 Date of Birth 06/26/1993 (mm/dd/yyyy)
 Age as of 12/31/2017 24
 Date of death _____
 Occupation HOMEMAKER
 Work Phone _____

Print phone number on city returns Home TP work Spouse work

c/o Name _____
 Address 43775 CHERRY GROVE CT E Apt No. _____
 City CANTON State . . MI ZIP Code 48188
 Foreign province/county _____ Foreign postal code _____
 Foreign country _____
 School District Code ▶ 41050

Part II – Main Form

Taxpayer **Spouse** (if different)
 Form MI-1040: Full-Year Resident ▶ _____
 Form MI-1040: Nonresident ▶ _____
 Form MI-1040: Part-Year Resident ▶ _____
 Enter Nonresident and Part-Year Resident allocations on Schedule NR. ▶ _____
 Taxpayer residency dates From _____ To _____
 Spouse residency dates From _____ To _____

City Resident Status (complete if filing a city income tax return):

Detroit	Full-year resident <input type="checkbox"/>	Nonresident <input type="checkbox"/>	Part-year resident <input type="checkbox"/>
	_____	_____	_____
Spouse's residency if different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____

Other cities:

Caution: ProSeries does not support filing of city returns for Hudson or Port Huron (see tax help)

Important: Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

- Albion • Battle Creek • Big Rapids • Flint • Grand Rapids • Grayling
- Hamtramck • Highland Park • Ionia • Jackson • Lansing • Lapeer
- Muskegon • Muskegon Heights • Pontiac • Portland • Saginaw • Springfield
- Walker

City name _____	Residency Status				Part-year residents only:			
	Full year	Non res	Part-year	Do Not File	Taxpayer's Former address		Dates of residency	
					Spouse's Former address		From	To
_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Part III – Filing Status

- Single
Married, filing jointly
Married, filing separately

Part IV – Dependent Information

Table with 6 columns: Full Name, Relationship, Age, Disabled Veteran, Special exemption code, Filing a 2017 Michigan tax return. Row 1: SHREYA PERUMANDLA, Daughter, 3, [], [], []

Part V – Homeowner/Renter Information

Taxpayer's status:

- Homeowner who paid property tax
Renter (including alternate housing facilities)
Mobile home park resident

QuickZoom to Property Tax Information Worksheet

Part VI – Electronic Filing Information

- File state return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Fed/State (F/S) Return:

- Yes No
Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No
Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

Michigan EF Signature:

TP's Prior Year Adjusted Gross Income or Household Income (See Help)
TP's Prior Year Refund or Tax Due Amount (See Help)
Spouse's Prior Year Adjusted Gross Income or Household Income (See Help)
Spouse's Prior Year Refund or Tax Due Amount (See Help)

Detroit EF Signature:

TP's Prior Year Adjusted Gross Income (See Help)
TP's Prior Year Refund or Tax Due Amount (See Help)
Spouse's Prior Year Adjusted Gross Income (See Help)
Spouse's Prior Year Refund or Tax Due Amount (See Help)

EF Status Dates:

Date return was EFiled
Date return was accepted by state
Date Form MI-1040-V was given to client

QuickZoom to Form MI-8453 Additional Information Smart Worksheet

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

Note: Direct Deposit is only available on an original return and may not be used to issue a refund on an amended return.

State Information:

- Yes No
Use direct deposit for any state tax refund
Use Electronic Funds Withdrawal for state tax payment (Electronic Filing Only?)

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

City Information:

- Yes No
Use direct deposit for any city tax refund (see help)
Use electronic funds withdrawal for any city tax due (see help)

Enter the payment date to withdraw from the account below

Bank Information (State and City):

For any of the above options, fill out information below:
For direct deposit or electronic funds withdrawal, fill out information below:

Name of financial institution . . . BANK OF AMERICA
Account type . . . Checking [X] Savings []
Routing number . . . 121000358
Account number . . . 325036754788

International ACH Transactions

Yes No

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

Part VIII – Additional Return Information

Exemptions:

Taxpayer

Spouse

- Blind
- Deaf
- Paraplegic/Hemiplegic/Quadriplegic
- Totally and Permanently Disabled
- Disabled Veteran
- Can be claimed as a dependent on someone else's return

Person Filing on Behalf of Deceased:

- Use federal Form 1310 in place of Form MI-1310
- Personal Representative
- Claimant

First Name . . . _____ Middle Initial . . . ____ Last Name . . . _____
Address _____
City _____ State . . . ____ ZIP Code . _____

Address Change for CF-1040 city returns only (excludes Detroit):

Address is same as last year

State Campaign Fund:

Yes No

- Does TP want \$3 to go to State Campaign Fund?
- Does spouse want \$3 to go to State Campaign Fund?

Part IX – Preparer Information

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

QuickZoom to Firm/Preparer Info ► _____

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

- self-prepared or
- prepared by a non-paid preparer

Third Party Designee (See Help):

Yes No

- TP authorizes Michigan Department of Treasury to discuss return with preparer (MI-1040 and Detroit returns only)?
- TP authorizes another person (designee) to discuss return with city Income Tax Department (CF-1040 only)?
- Preparer is third party designee (CF-1040 only)?

Third party designee information for CF-1040 city returns only (excludes Detroit):

Designee's name (other than preparer) _____
Designee's phone number (other than preparer) _____
Personal identification number _____

Part X – Extension Status

State Extension:

Yes No

- Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form 4: Application for extension to file tax returns ► _____

City Extensions (excludes Detroit):

Yes No

- Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form CF-4868: Application for extension to file Michigan city tax returns ► _____

QuickZoom to Form CF-4868-EFT: Application for extension to file Michigan city tax returns ► _____

Detroit City Extensions:

Yes No

- Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form 5209: Application for extension to file Detroit city tax return ► _____

Spouse, if Yes No

different Tax return due date extended?

residency Extended due date . . . _____

QuickZoom to Form 5209: Application for extension to file spouse's **Detroit city** tax return ▶ _____

QuickZoom to Form MI-1040: Individual Income Tax Return ▶ _____

Other nontaxable income:			
12 a	Compensation for damages to character or for personal injury or sickness		
b	An inheritance or life insurance proceeds (from other than spouse)		
c	Death benefits paid by or on behalf of an employer		
d	Minister's housing allowance		
e	Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification		
f	Adoption subsidies		
g	Combat pay from W-2, box 12 code Q		
h	Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution		
i	Reimbursement from dependent care and/or medical care spending accounts		
j	If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049		
k	Other (see <i>Tax Help</i>). Enter description:		
	Total. Describe: _____ ▶ 12		
13	Workers' compensation, veterans' disability compensation ▶ 13		
14	FIP and other MDHHS benefits ▶ 14		
15	Subtotal. Add lines 1 through 14. ▶ 15	107,005.	
Adjustments:			
16 a	IRA deduction		
b	Moving expenses	1,000.	
c	One half of self-employment tax		
d	Self-employment health insurance deduction		
e	SEP, SIMPLE or qualified plans		
f	Penalty for early withdrawal		
g	Alimony paid		
h	Student loan interest deduction		
i	Health savings account deduction		
j	Net operating loss deduction: (1) Federal net operating loss deduction (2) Federal modified taxable income (see <i>Help</i>). (3) Enter the smaller of (1) or (2). If less than zero, enter -0-		
k	Educator expenses		
l	Tuition and fees deduction		
m	Certain business expenses of reservists, performing artists, and fee-basis government officials		
n	Domestic production activities deduction		
o	Archer MSA deduction		
p	Jury duty pay given to employer		
q	Other adjustments		
16	Total adjustments. Describe: <u>Moving expenses</u> ▶ 16	1,000.	
17 a	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only)		
b	Automobile insurance premiums (medical care portion only)		
17	Total medical insurance (line 17a plus line 17b) ▶ 17		
18	Add lines 16 and 17 ▶ 18	1,000.	
19	Total Household Resources. Subtract line 18 from line 15. ▶ 19	106,005.	

QuickZoom to Form MI-1040CR (Homestead Property Tax Credit) ▶ _____
QuickZoom to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) ▶ _____
QuickZoom to Form MI-1040CR7 (Home Heating Credit) ▶ _____

► Keep for your records

Name(s) Shown on Return
SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU

Your Social Security Number
376-67-3343

Part I 2018 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2018 Estimates:

- a 100% (110%) of 2017 taxes (default, see Tax Help) 2,794.
- b 100% of tax on **2018** estimated taxable income 2,794.
- c 90% of tax on **2018** estimated taxable income 2,515.
- d 66-2/3% of tax on 2018 estimated taxable income (farmers and fishermen) 1,863.
- e Equal to 100% of overpayment (no vouchers)
- f Enter total amount you want to use for estimates and check box

2 Selected estimated tax amount:

- a 2018 Required Annual Payment based on your choice above 2,794.
- b Estimated amount of 2018 income tax withholding 1,424.
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) 1,370.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$ 501 or more (default)
- b Calculate estimates if _____ (specify amount) or more.
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form MI-1040, line 33) _____

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess 1,372.
- d Apply to extent of first quarter amount and refund excess 343.
- e Enter amount you want to apply
- f Amount applied to 2018 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options (see Tax Help for printing ES amounts on Client Letter)

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 17, 2018	2 Jun 15, 2018	3 Sep 17, 2018	4 Jan 15, 2019	Total
1 If you have already made payments, enter amounts.					
2 Indicate which payment is due next. (e.g. if it is now May 26, 2018, check col. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required payment.	343.	343.	343.	343.	1,372.
4 Overpayment applied	0.	0.	0.	0.	0.
5 Net payment due	343.	343.	343.	343.	1,372.
6 Voucher amounts	343.	343.	343.	343.	1,372.
QuickZoom to voucher. ►					

Part V Changes to Income, Credits and Withholding for 2018

2017 income and deductions are shown in the '2017 Actual' column below.

***Caution:** For each line in the '2018 Estimated' column, enter the estimated 2018 amount **if different** from 2017. Otherwise, the '2017 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2017 Actual	*2018 Estimated
1 Federal adjusted gross income	103,702.	
2 Additions		
3 Subtractions		
4 Exemption allowance amount	12,000.	
5 Credits:		
a Credit for income tax paid to another jurisdiction	1,103.	
b Other nonrefundable credits		
c Property tax credit		
d Farmland preservation tax credit		
e Michigan earned income tax credit		
f Michigan Historic Preservation Tax Credit		
6 Income tax withheld	1,424.	

Part VI 2018 Estimated Taxable Income and Tax

1 Estimated 2018 income subject to tax	1	103,702.
2 Exemption allowance amount	2	12,000.
3 Balance. Subtract line 2 from line 1	3	91,702.
4 Estimated tax. Multiply line 3 by 4.25% (.0425)	4	3,897.
5 All estimated credits	5	1,103.
6 Subtract line 5 from line 4. This is your 2018 tax based on your estimate of 2018 income	6	2,794.

Tax Payments Worksheet

2017

▶ Keep for your records

Name SRINIVAS GOUD PERUMANDLA & SHIVANI POGAKU	Social Security Number 376-67-3343
---	---------------------------------------

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	1,424.
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	1,424.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Michigan Tax Return

SMART WORKSHEET FOR: Form 2210: Underpayment Penalty

Penalty Calculation Smart Worksheet					
A	Required quarterly estimate (from line 10)	628	629	629	629
B	Estimated tax paid and withheld	356	356	356	356
C	Overpayment from previous period				
D	Add lines B and C	356	356	356	356
E	Underpayment (if line A is larger than line D)	272	273	273	273
F	Overpayment (if line D is larger than line A)				

SMART WORKSHEET FOR: Other State Tax Credit (CA)

Other State/Locality Income and Tax Smart Worksheet		
If you are claiming a credit for taxes paid to a local government unit outside Michigan, do not enter amounts on line A.		
Carefully review transferred nonresident state amounts in Column 1 and verify that the income is from wages, salaries or tips. These are the types of income that Michigan requires to calculate the out-of-state tax credit.		
A Income earned in another state or locality subject to Michigan tax	47,187.	Column 1 Amount reported in the other state return
B Amount of tax imposed by another state or locality	1,103.	Column 2 * Amount if different

* Use this column only to modify an entry made by the program in column 1.

Additional information from your 2017 Michigan Tax Return

Form 2210: Underpayment Penalty Underpayment Statement

Explanation Statement

Line 23							
Event	Date	Amount Due	Amount Paid	Running Balance	Percent	# of Days	Penalty
AMOUNT DUE	04/18/17	628		628	4.50	0	
WITHHOLDING	04/18/17		356	272	4.50	58	1.94
AMOUNT DUE	06/15/17	629		901	4.50	0	
WITHHOLDING	06/15/17		356	545	4.50	15	1.01
RATE CHANGE	06/30/17			545	4.70	77	5.40
AMOUNT DUE	09/15/17	629		1174	4.70	0	
WITHHOLDING	09/15/17		356	818	4.70	107	11.27
RATE CHANGE	12/31/17			818	5.15	16	1.85
AMOUNT DUE	01/16/18	629		1447	5.15	0	
WITHHOLDING	01/16/18		356	1091	5.15	91	14.01
DATE FILED	04/17/18			1091	5.15		
Total							35.48