

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 SAJANA SEBASTIAN	Social security number 843-30-5161
Spouse's name FEBIN KEERANKERIL MATHEW	Spouse's social security number 844-77-9670

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	85,311.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	3,884.
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	7,948.
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	4,064.
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

0	5	1	6	1
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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

7	9	6	7	0
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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

 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 SAJANA	Last name SEBASTIAN	Your social security number 843-30-5161
If a joint return, spouse's first name and initial FEBIN	Last name KEERANKERIL MATHEW	Spouse's social security number 844-77-9670
Home address (number and street). If you have a P.O. box, see instructions. 4000 DUNWOODY PARK		Apt. no. 3221
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). ATLANTA GA 30338		▲ Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Filing Status

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

(1) First name		Last name		(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)
EDWIN M	FEBIN	834-47-6821	Son	<input checked="" type="checkbox"/>		
ELVIS S	FEBIN	178-75-5802	Son	<input checked="" type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **4**

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:
 • lived with you: **2**
 • did not live with you due to divorce or separation (see instructions): _____

Dependents on 6c not entered above: _____

Add numbers on lines above ▶ **4**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	81,735.
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	6,000.
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	87,735.

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	2,000.
27 Deductible part of self-employment tax. Attach Schedule SE	27	424.
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	2,424.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	85,311.

38	Amount from line 37 (adjusted gross income)	38	85,311.
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—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	21,888.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	63,423.
• All others: Single or Married filing separately, \$6,350	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200.
Married filing jointly or Qualifying widow(er), \$12,700	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	47,223.
Head of household, \$9,350	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	6,151.
	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	6,151.
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	1,115.
	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	2,000.
	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	3,115.
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	3,036.
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	848.
	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	3,884.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	7,948.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC) <input type="checkbox"/> NO	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	7,948.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,064.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,064.
Direct deposit? See instructions.	b Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 0 0 1 0 1 1 9 7 3 7 4 6		
	77 Amount of line 75 you want applied to your 2018 estimated tax	77	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79 Estimated tax penalty (see instructions)	79	

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

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

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

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

Paid Preparer Use Only

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

SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW

843-30-5161

Medical and Dental Expenses

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

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

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		2,526.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	2,526.

Interest You Paid

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

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

Gifts to Charity

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

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

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	20,568.
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	20,568.
25	Enter amount from Form 1040, line 38 25 85,311.		
26	Multiply line 25 by 2% (0.02)	26	1,706.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	18,862.

Other Miscellaneous Deductions

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

29	Is Form 1040, line 38, over \$156,900?	29	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		21,888.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>

**SCHEDULE C-EZ
(Form 1040)**

**Net Profit From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2017
Attachment
Sequence No. **09A**

Department of the Treasury
Internal Revenue Service (99)

▶ **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**
▶ **Attach to Form 1040, 1040NR, or 1041. ▶ See instructions on page 2.**

Name of proprietor

FEBIN KEERANKERIL MATHEW

Social security number (SSN)

844-77-9670

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

And You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

<p>A Principal business or profession, including product or service SOFTWARE BUSINESS</p>	<p>B Enter business code (see page 2) 5 1 8 2 1 0</p>
<p>C Business name. If no separate business name, leave blank. FEBIN KEERANKERIL MATHEW</p>	<p>D Enter your EIN (see page 2)</p>
<p>E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return. 4000 DUNWOODY PARK City, town or post office, state, and ZIP code ATLANTA, GA 30338</p>	
<p>F Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>G If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Part II Figure Your Net Profit

1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here <input type="checkbox"/>	1	6,000.
2 Total expenses (see page 2). If more than \$5,000, you must use Schedule C	2	
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 , and Schedule SE, line 2 (see page 2). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	3	6,000.

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____.

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

a Business _____ **b** Commuting (see page 2) _____ **c** Other _____

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

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

8a Do you have evidence to support your deduction? Yes No

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

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2017
Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

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

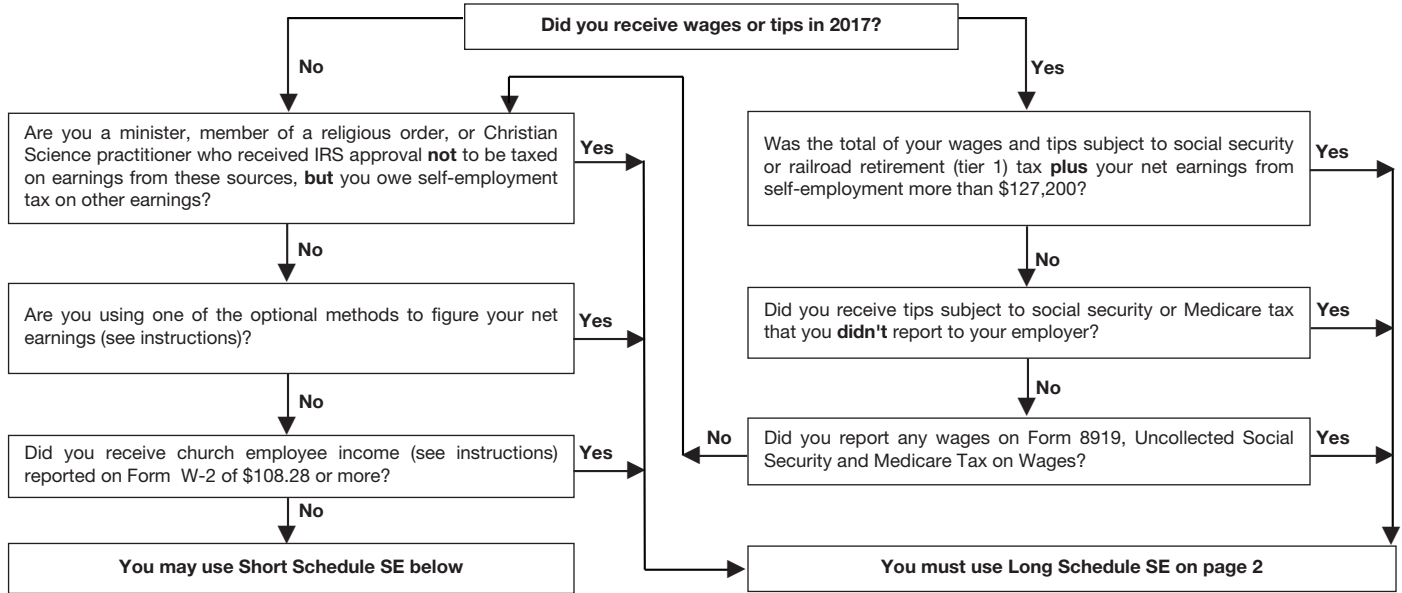
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)
FEBIN KEERANKERIL MATHEW

Social security number of person with self-employment income ▶ 844-77-9670

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	6,000.
3	Combine lines 1a, 1b, and 2	3	6,000.
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. ▶	4	5,541.
5	Self-employment tax. If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	848.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	424.

Child and Dependent Care Expenses



▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
 ▶ **Go to www.irs.gov/Form2441 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW

Your social security number

843-30-5161

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
DUNWOODY KINDERC	5695 CHAMBLEE DUNWOODY RD BUFFALO GROVE IL 60089	47-4478313	1,036.
FIRST YEARS ECD	417 BERTRAND DRIVE LAFAYETTE LA 70506	72-1290165	6,448.

Did you receive dependent care benefits? **No** → Complete only Part II below.
Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
EDWIN M	FEBIN	834-47-6821	6,448.
ELVIS S	FEBIN	178-75-5802	1,036.

3 Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	6,000.																																																										
4 Enter your earned income . See instructions	4	81,735.																																																										
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	5,576.																																																										
6 Enter the smallest of line 3, 4, or 5	6	5,576.																																																										
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	85,311.																																																										
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	.20																																																										
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9 Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions	9	1,115.																																																										
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.	10	6,151.																																																										
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	1,115.																																																										

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 SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Taxpayer identification number 843-30-5161
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR	P02090332

Part I Due Diligence Requirements

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

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

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

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

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

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

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

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.**

Your name SAJANA SEBASTIAN	Occupation in which you incurred expenses SYSTEM ANALYST	Social security number 843-30-5161
--------------------------------------	--	--

You Can Use This Form Only if All of the Following Apply.

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

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

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	2,568.
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	14,400.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,200.
5 Meals and entertainment expenses: \$ <u>4,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	2,400.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	20,568.

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 4,800 **b** Commuting (see instructions) _____ **c** Other 7,200
- 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

SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW

843-30-5161

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	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	2,000.
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	2,000.

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					87,735.
Adjustments to income					2,424.
Adjusted gross income					85,311.
Tax expense					2,526.
Interest expense . . .					
Contributions					500.
Miscellaneous deductions					18,862.
Other Itemized Deductions					
Total itemized/standard deduction . .					21,888.
Exemption amount . .					16,200.
Taxable income					47,223.
Tax					6,151.
Alternative min tax . .					
Total credits					3,115.
Other taxes					848.
Payments					7,948.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					4,064.
Effective tax rate % . .					3.56
**Tax bracket %					15.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Row 1: SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW, 843-30-5161

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description, Input field. Rows: Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s) (with X in box)

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) 05161 Spouse's PIN (5 numbers) 79670 Date 03/18/2018

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

Federal Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name SEBASTIAN
 First name SAJANA
 Middle initial _____ Suffix _____
 Social security no. 843-30-5161
 Occupation SYSTEM ANALYST
 Date of birth 04/23/1983 (mm/dd/yyyy)
 Age as of 1-1-2018 34
 Date of death _____
 Legally blind
 E-mail address Sajana.sebastian@gmail.com
 Work phone _____ Ext _____
 Cell phone (949) 607-9671
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) KEERANKERIL MATHEW
 First name FEBIN
 Middle initial _____ Suffix _____
 Social security no. 844-77-9670
 Occupation Store Manager
 Date of birth 05/21/1982 (mm/dd/yyyy)
 Age as of 1-1-2018 35
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone (818) 312-2752
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____ Taxpayer cell phone (949) 607-9671
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 4000 DUNWOODY PARK Apt no. 3221
 City ATLANTA State GA ZIP code 30338

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.***
EDWIN	M	834-47-6821	05/03/2012	5				6,448.
FEBIN		Son		E	12		L	
ELVIS	S	178-75-5802	02/07/2014	3				1,036.
FEBIN		Son		E	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

Part-Year Resident State Allocation Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
--	---------------------------------------

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	81,735.	<u>GA</u>	<u>GA</u>	19,458.
		<u>LA</u>	<u>LA</u>	62,277.
		—	—	—
S Wages, salaries, tips		—	—	—
		—	—	—
		—	—	—
		—	—	—

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

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

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .	6,000.	6,000.	01/01 11/04	11/03 12/31	GA LA		
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T			See Sch E Income Allocation Smart Worksheet				
S							

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

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

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T	81,735.				
S	6,000.				

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 T Certain business expenses					
S Certain business expenses					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses	2,000.	01/01	11/03	GA	0.
		11/04	12/31	LA	0.
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

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

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax	424.	01/01 11/04	11/03 12/31	GA LA		
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Domestic production activities . . .						
S Domestic production activities . . .						
30 Other adjustments T						
S						
31 Total adjustments T	2,000.					
S	424.					
32 Adjusted gross income T	79,735.					
S	5,576.					

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
--	---------------------------------------

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
 Spouse

Note: Alabama does not allow this option

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

Taxpayer
 Spouse

Note: Alabama, New Mexico, New York and Ohio do not allow this option

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

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

Driver's License Detail

Taxpayer:

Issuing state LA
License number 011667293
Issue date 06/29/2017
Expiration date 08/25/2020
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
License number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

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

Additional Verification Information

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

Client Status:

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

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW; Social Security Number: 843-30-5161

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.

State/City *
New York
Vermont

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
Deloitte Consulting LLP		19,458.	2,244.	19,458.	562.
VLINK INC		62,277.	5,704.	62,277.	1,964.
Totals		81,735.	7,948.	81,735.	2,526.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	81,735.		81,735.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	7,948.		7,948.
3 & 7	Total social security wages/tips	81,735.		81,735.
4	Total social security tax withheld	5,067.		5,067.
5	Total Medicare wages and tips	81,735.		81,735.
6	Total Medicare tax withheld	1,185.		1,185.
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	1,291.		1,291.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	1,291.		1,291.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	81,735.		81,735.
17	Total state tax withheld	2,526.		2,526.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return SAJANA SEBASTIAN	Social Security Number 843-30-5161
---	---------------------------------------

Employer EIN 06-1454513
Employer Name Deloitte Consulting LLP
 Name (cont.) _____
Street Address or P. O. Box 4022 Sells Drive
City HERMITAGE **State** TN **ZIP** 37076
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	19,458.	2 Federal tax withheld	2,244.
3 Social security wages	19,458.	4 Social sec tax withheld	1,206.
5 Medicare wages and tips	19,458.	6 Medicare tax withheld	282.
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:
DD	1,291.	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
GA	2214871HF	19,458.	562.

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

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

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

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

Keep for your records

SAJANA SEBASTIAN	843-30-5161 Page 2
Employer Name Deloitte Consulting LLP	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 843-30-5161

First name M.I. Last name Suff.

SAJANA SEBASTIAN

Address City St ZIP code

4000 DUNWOODY PARK, Apt. 3221 ATLANTA GA 30338

Foreign Province/County Foreign Postal Code

Foreign Country

► Keep for your records

Name as shown on return SAJANA SEBASTIAN	Social Security Number 843-30-5161
---	---------------------------------------

Employer EIN 22-3634633
Employer Name VLINK INC
 Name (cont.) _____
Street Address or P. O. Box 701 JOHN FITCH BLVD
City SOUTH WINDSOR **State** CT **ZIP** 06074
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	62,277.	2 Federal tax withheld	5,704.
3 Social security wages	62,277.	4 Social sec tax withheld	3,861.
5 Medicare wages and tips	62,277.	6 Medicare tax withheld	903.
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
LA	1736703001	62,277.	1,964.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

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

Keep for your records

SAJANA SEBASTIAN

843-30-5161 Page 2

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

Part V Inmate In a Penal Institution

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

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

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

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

Employee's SSN. 843-30-5161
First name SAJANA M.I. Last name SEBASTIAN Suff.
Address 4000 DUNWOODY PARK, Apt. 3221 City ATLANTA St GA ZIP code 30338
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

▶ Keep for your records

Name(s) Shown on Return SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
--	---------------------------------------

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			
	▶ Schedule C			
	▶ Schedule F			
	▶ Form 4835			
	For Form 1040:			
	▶ Winnings (Prizes, etc.)			
	▶ Tribal Gaming			
	▶ Alaska Permanent Fund			
▶ Other Income				
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
7	Total Nonemployee compensation		6,000.	6,000.
	▶ Schedule C		6,000.	6,000.
	▶ 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		6,000.	6,000.

Name as Shown on Return SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security No. 843-30-5161
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- 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>2</u> X \$1,000. Enter the result		1	2,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	2		85,311.
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		85,311.
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	2,000.

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30		9	6,151.
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		1,115.
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	1,115.
12	Subtract line 11 from line 9. Enter the result.		12	5,036.
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	2,000.

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	6,252.
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	
13	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. 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 SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
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Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	7,948.	2,526.	
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	7,948.	2,526.	
20 Total Tax Payments for 2017	7,948.	2,526.	

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)				

Charitable Contributions Summary

2017

▶ Keep for your records

Name(s) Shown on Return SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
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Part I Cash Contributions Summary

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

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: From Sch A, line 17	500.	500.			

Part III Contribution Carryovers to 2018

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2017 contributions	500.		500.			
2 2017 contributions allowed	500.	0.	500.	0.	0.	0.
3 Carryovers from:						
a 2016 tax year						
b 2015 tax year						
c 2014 tax year						
d 2013 tax year						
e 2012 tax year						
4 Carryovers allowed in 2017	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2017	0.		0.	0.	0.	0.
6 Carryovers to 2018:						
a From 2017	0.		0.	0.	0.	0.
b From 2016						
c From 2015						
d From 2014						
e From 2013						
f From 2012						

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income		6,000.	6,000.
b Optional Method and Church Employee income			
c Add lines 1a and 1b		6,000.	6,000.
d One-half of self-employment tax		424.	424.
e Subtract line 1d from line 1c		5,576.	5,576.
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		5,576.	5,576.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)		5,576.	5,576.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	81,735.		81,735.
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	81,735.	5,576.	87,311.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	81,735.	5,576.	87,311.
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	81,735.	5,576.	87,311.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)		5,576.	5,576.
16 Wages, salaries, tips, etc	81,735.		81,735.
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.	81,735.	5,576.	87,311.

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

23 Self-employed, church and statutory employees		5,576.	5,576.
24 Wages, salaries, tips, etc	81,735.		81,735.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	81,735.	5,576.	87,311.

Schedule SE Adjustments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3	<input type="checkbox"/>	<input type="checkbox"/>
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).	<input type="checkbox"/>	<input type="checkbox"/>
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
2 Farm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Other SE farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
4 Less SE exempt farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
5 Total for Schedule SE, line 1	<input type="checkbox"/>	<input type="checkbox"/>
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b	<input type="checkbox"/>	<input type="checkbox"/>
b Schedule K-1 (Form 1065), box 20, code Z	<input type="checkbox"/>	<input type="checkbox"/>
c Total CRP payments not subject to SE tax	<input type="checkbox"/>	<input type="checkbox"/>
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	<input type="checkbox"/>	6,000.
b Less SE exempt Schedules C (approved Form 4361)	<input type="checkbox"/>	<input type="checkbox"/>
2 Nonfarm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Forms 6781	<input type="checkbox"/>	<input type="checkbox"/>
4 Other SE income reported as income on Form 1040, line 7	<input type="checkbox"/>	<input type="checkbox"/>
5 a Clergy Form W-2 wages	<input type="checkbox"/>	<input type="checkbox"/>
b Clergy housing allowance	<input type="checkbox"/>	<input type="checkbox"/>
c Less clergy business deductions	<input type="checkbox"/>	<input type="checkbox"/>
d QuickZoom to the Explanation statement for entry on line 5c	<input type="checkbox"/>	<input type="checkbox"/>
6 Other SE nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
7 Less other SE exempt nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
8 Total for Schedule SE, line 2	<input type="checkbox"/>	6,000.
9 Exempt Notary Public income for Schedule SE, line 3 (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross farming or fishing income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross farming or fishing self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross nonfarm income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross nonfarm self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Nonfarm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
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2016 State and Local Income Tax Information

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

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		21,888.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		85,311.
6	Tax liability for Form 2210 or Form 2210-F		3,884.
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
SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW

Filing status Married Filing Jointly Number of exemptions 4

Gross Income

Wages and salaries	81,735.
Interest and dividend income	
Business income (loss)	6,000.
Capital gains (losses)	
Pensions and annuities	
Rents, royalties, partnerships, etc	
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	87,735.

Adjustments to Income 2,424.

Adjusted Gross Income (Last year's AGI) 85,311.

Itemized/Standard Deductions

Medical and dental	
Taxes	2,526.
Interest	
Contributions	500.
Casualty or theft loss(es)	
Miscellaneous	18,862.
Phaseout of itemized deductions	
Total Itemized Deductions	21,888.
Standard deduction	
Exemption amount	16,200.

Taxable Income 47,223.

Income tax	6,151.
Alternative minimum tax	
Total Taxes before Credits	6,151.
Nonbusiness credits	3,115.
Business credits	
Total Credits	3,115.
Self-employment tax	848.
Other taxes	

Total Tax 3,884.

Withholding	7,948.
Estimated tax payments	
Other payments	
Total Payments	7,948.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 4,064.

Refund 4,064.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	3.56 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A Tax	6,151.
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	6,151.

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 85,311.
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 85,311.
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
GA	01/01/17	11/03/17	4.0000	4.0000	0.0000	624.	0.	525.
LA	11/04/17	12/31/17	5.0000	5.0000	0.0000	813.	0.	129.
Total general sales taxes from table						654.		

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

Credit Limitation Smart Worksheet

Note: Line 10 is presently calculated by subtracting line B from line A. If zero or less, **stop**; you cannot take the credit.

A The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45. 6,151.
B Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- _____

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** 580 miles

E Enter the number of miles from your **old home** to your **old workplace** 20 miles

F Subtract line E from line D. If zero or less, enter -0- 560 miles

Is line F at least 50 miles?
Yes ▶ You meet this test.
No ▶ You do not meet this test. You **cannot** deduct your moving expenses.
Do Not complete Form 3903.

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

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

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

Travel Expenses Smart Worksheet

Enter your travel expenses:

A Travel and lodging expenses for this move (excluding auto expenses) 500.

B Parking fees and tolls _____

C Gasoline and oil _____

D Miles driven traveling to new home. _____

SMART WORKSHEET FOR: Child Tax Credit Worksheet

Line 6 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A Enter the social security tax withheld (Form(s) W-2, box 4)	5,067.
B Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld.	1,185.
C Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7)	0.
D Add line A, B, and C	6,252.
E Enter the Additional Medicare Tax withheld (Form 8959 line 22)	0.
F Subtract line E from line D.	6,252.
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)	0.
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H Enter the Tier 1 tax (Form(s) W-2, box 14).	0.
I Enter the Medicare Tax (Form(s) W-2, box 14)	0.
J Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N.	
K Add lines H, I, and J	0.
L Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017)	
M Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017)	
N Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J	
O Add line L, M, and N	
Line 6 Amount	
P Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6	6,252.

Additional information from your 2017 Federal Tax Return**Schedule A: Itemized Deductions**

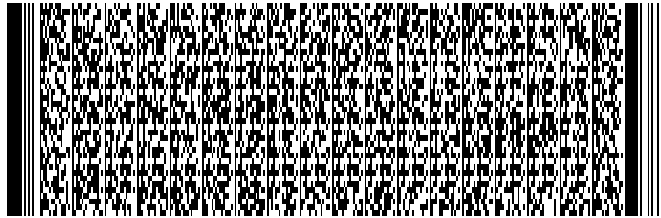
Ln 17, Noncash cont

Itemization Statement

Description	Amount
Our Lady of Fathima Catholic Church	500.
Total	500.



1800411518



Georgia Form **500** (Rev. 06/22/17) Page 1

Individual Income Tax Return
Georgia Department of Revenue
2017 (Approved software version)

Fiscal Year
Beginning

Fiscal Year
Ending

YOUR DRIVER'S LICENSE/STATE ID 011667293

STATE ISSUED LA

YOUR FIRST NAME
1. SAJANA

MI YOUR SOCIAL SECURITY NUMBER
843-30-5161

LAST NAME
SEBASTIAN

SUFFIX

SPOUSE'S FIRST NAME
FEBIN

MI SPOUSE'S SOCIAL SECURITY NUMBER
844-77-9670

LAST NAME
KEERANKERIL MATHEW

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 4000 DUNWOODY PARK

APT NO 3221

CITY (Please insert a space if the city has multiple names)
3. ATLANTA

STATE ZIP CODE
GA 30338

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number..... ^{Residency Status} ▶ 4. 2

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 01/01/2017 TO 11/03/2017 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... ^{Filing Status} ▶ 5. B

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 2



1800411528

YOUR SOCIAL SECURITY NUMBER
843-30-5161

- 7a. Number of Dependents (Enter details on Line 7c., and DO NOT include yourself or your spouse).....▶ 7a. 2
- 7b. Enter the total number of exemptions and dependents (Add Lines 6c and 7a)▶ 7b. 4
- 7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

First Name, MI. EDWIN M	Last Name FEBIN
Social Security Number 834-47-6821	Relationship to You SON

First Name, MI. ELVIS S	Last Name FEBIN
Social Security Number 178-75-5802	Relationship to You SON

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ).....▶ 8. 85311
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1 and 2.
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet).....▶ 9.
10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....▶ 10.



1800411538

YOUR SOCIAL SECURITY NUMBER
 843-30-5161

- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... ▶ 11a.
 (See IT-511 Tax Booklet)
- b. Self: 65 or over? Blind? Total x 1,300=..... ▶ 11b.
- Spouse: 65 or over? Blind?
- c. Total Standard Deduction (Line 11a + Line 11b)..... ▶ 11c.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A
- a. Federal Itemized Deductions (Schedule A-Form 1040) ▶ 12a.
- b. Less adjustments: (See IT-511 Tax Booklet) ▶ 12b.
- c. Georgia Total Itemized Deductions..... ▶ 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... ▶ 13.
- 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A ▶ 14a.
 or D OR multiply by \$3,700 for filing status B or C
- 14b. Enter the number from Line 7a. Multiply by \$3,000..... ▶ 14b.
- 14c. Add Lines 14a. and 14b. Enter total..... ▶ 14c.
- 15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) ▶ 15. 11857
- 16. Tax (Use Tax Table in the IT-511 Tax Booklet)..... ▶ 16. 451
- 17. Low Income Credit 17a. 17b. ▶ 17c.
- 18. Other State(s) Tax Credit (Include a copy of the other state(s) return)..... ▶ 18.
- 19. Credits used from IND-CR Summary Worksheet ▶ 19. 335
- 20. Total Credits Used from Schedule 2 Georgia Tax Credits ▶ 20.
- 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 ▶ 21. 335
- 22. Balance (Line 16 less Line 21) if zero or less than zero ▶ 22. 116
- 23. **Georgia Income Tax Withheld on Wages and 1099s** ▶ 23. 562
 (Enter Tax Withheld Only and include W-2s and/or 1099s)
- 24. **Other Georgia Income Tax Withheld**..... ▶ 24.
- (Must include G2-A, G2-FL, G2-LP and/or G2-RP)

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

REV 11/13/17 PRO

Pages (1-5) are Required for Processing



YOUR SOCIAL SECURITY NUMBER
843-30-5161

- 30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... ▶ 30.
- 31. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... ▶ 31.
- 32. Georgia Cancer Research Fund (No gift of less than \$1.00) ▶ 32.
- 33. Georgia Land Conservation Program (No gift of less than \$1.00)..... ▶ 33.
- 34. Georgia National Guard Foundation (No gift of less than \$1.00) ▶ 34.
- 35. Dog & Cat Sterilization Fund (No gift of less than \$1.00) ▶ 35.
- 36. Saving the Cure Fund (No gift of less than \$1.00)..... ▶ 36.
- 37. Realizing Educational Achievement Can Happen (REACH) Program ▶ 37.
(No gift of less than \$1.00)
- 38. Public Safety Memorial Grant (No gift of less than \$1.00)..... ▶ 38.
- 39. Form 500 UET (Estimated tax penalty) 500 UET exception attached.... ▶ 39.
- 40. (If you owe) Add Lines 27, 30 thru 39
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. ▶ 40.
- 41. (If you are due a refund) Subtract the sum of Lines 29 thru 39 from Line 28
THIS IS YOUR REFUND..... ▶ 41.

446

41a. Direct Deposit (For U.S. Accounts Only) Type: Checking Savings Routing Number 121000358

Account Number 001011973746

If you do not enter Direct Deposit information or if you are a first time filer a paper check will be issued.

(PAYMENT) PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740399
ATLANTA, GA 30374-0399

(REFUND and NO BALANCE DUE) PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT** STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number

REV 11/13/17 PRO

I authorize DOR to discuss this return with the named preparer.

APPANA RUPA VENKATA SATYA SAI MANI
Signature of Preparer

Preparer's Phone Number
678-965-9729

Name of Preparer Other Than Taxpayer
APPANA RUPA VENKATA SATYA

Preparer's FEIN
30-1017196

Preparer's Firm Name
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN
P02090332



1807411518

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1. WAGES, SALARIES, TIPS, etc 81735	1. WAGES, SALARIES, TIPS, etc 62277	1. WAGES, SALARIES, TIPS, etc 19458
2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS
3. BUSINESS INCOME OR (LOSS) 6000	3. BUSINESS INCOME OR (LOSS) 6000	3. BUSINESS INCOME OR (LOSS) 0
4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)
5. TOTAL INCOME: TOTAL LINES 1 THRU 4 87735	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 68277	5. TOTAL INCOME: TOTAL LINES 1 THRU 4 19458
6. TOTAL ADJUSTMENTS FROM FORM 1040 2424	6. TOTAL ADJUSTMENTS FROM FORM 1040 2424	6. TOTAL ADJUSTMENTS FROM FORM 1040 0
7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1
8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 85311	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 65853	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 19458
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage.....▶	9.	22.81 % Not to exceed 100%
10a. Itemized <input checked="" type="checkbox"/> or Standard Deduction <input type="checkbox"/> (See IT-511 Tax Booklet).....▶	10a.	19924
10b. Additional Standard Deduction Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300=	10b.	
11. Personal Exemption from Form 500 (See IT-511 Tax Booklet)		
11a. Enter the number on Line 6c. from Form 500 or 500X 2 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	11a.	7400
11b. Enter the number on Line 7a. from Form 500 or 500X 2 multiply by \$3,000..▶	11b.	6000
11c. Add Lines 11a. and 11b. Enter total.....▶	11c.	13400
12. Total Deductions and Exemptions: Add Lines 10a, 10b, and 11c.....▶	12.	33324
13. Multiply Line 12 by Ratio on Line 9 and enter result.....▶	13.	7601
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 3 of Form 500 or Form 500X.....▶	14	11857

List the state(s) in which the income in Column B was earned and/or to which it was reported.



YOUR SOCIAL SECURITY NUMBER
 843-30-5161

1. Only Georgia Individual Tax Credits (series 200) are claimed on Form IND-CR supporting schedules (IND-CR 201 through 209).
2. Enter the amount of credit used in 2017 from each applicable IND-CR schedule on Lines 1-9.
3. If there is a credit remaining from previous years eligible for carryover to 2017, the supporting IND-CR schedule must be completed even if the credit is not used in 2017.
4. The total of Line 10 should be entered on Form 500 or Form 500X, Page 3, Line 19.
5. **All applicable IND-CR schedules must be attached to Form 500 or Form 500X for the credit(s) to be allowed on the return.**

Note: The other state(s) tax credit and low income credit are claimed directly on Form 500. Series 100 Georgia tax credits are claimed on Form 500 Schedule 2.

The total credit amount used from the low income credit, the other state(s) tax credit, all IND-CR schedules, and all Schedules 2s cannot exceed the tax liability listed on Line 16 of Form 500 or 500X.

IND-CR SUMMARY SCHEDULE WORKSHEET

1. Disabled Person Home Purchase or Retrofit Credit (IND-CR 201, Line 3)	▶ 1.	
2. Child and Dependent Care Expense Credit (IND-CR 202, Line 4)	▶ 2.	335
3. Georgia National Guard /Air National Guard Credit (IND-CR 203, Line 3)	▶ 3.	
4. Qualified Caregiving Expense Credit (IND-CR 204, Line 6)	▶ 4.	
5. Driver Education Credit (IND-CR 205, Line 4)	▶ 5.	
6. Disaster Assistance Credit (IND-CR 206, Line 6)	▶ 6.	
7. Rural Physicians Credit (IND-CR 207, Line 7)	▶ 7.	
8. Adoption of a Foster Child Credit (IND-CR 208, Line 3)	▶ 8.	
9. Eligible Single-Family Residence Credit (IND-CR 209, Line 6)	▶ 9.	
10. Total of Lines 1 through 9 (Enter here and on Form 500/500X, Page 3 Line 19) ▶ 10.		335

All applicable IND-CR (201-209) Schedules must be attached to Form 500 or Form 500X

Keep IND-CR Summary Worksheet for your records.



– Enclose with Form 500 or 500X, if this schedule is applicable. – YOUR SOCIAL SECURITY NUMBER
 843-30-5161

SCHEDULE 202 Child and Dependent Care Expense Credit - Tax Credit 202

Child and Dependent Care Expense Credit - Tax Credit 202

O.C.G.A. § 48-7-29.10 provides taxpayers with a credit for qualified child & dependent care expenses. The credit is a percentage of the credit claimed and allowed under Internal Revenue Code § 21 and claimed by the taxpayer on the taxpayer's Federal income tax return. This credit cannot be carried forward. The credit is computed as follows:

1. Amount of child & dependent care expense <i>credit</i> claimed on Federal Form 1040. ▶	1.	1115
2. Georgia allowable rate	▶ 2.	30%
3. Allowable Child & Dependent Care Expense Credit (Line 1 x .30).....▶	3.	335
4. Enter credit used in 2017 (enter here and include on IND-CR Summary Worksheet Line 2).....▶	4.	335

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name SAJANA
 Middle Initial Suffix
 Last Name SEBASTIAN
 Social Security No. 843-30-5161
 Occupation SYSTEM ANALYST
 Date of Birth 04/23/1983
 Date of Death
 Daytime Phone
 Home Phone
 Print phone number on Form 500 Home

Spouse:

First Name FEBIN
 Middle Initial Suffix
 Last Name KEERANKERIL MATHEW
 Social Security No. 844-77-9670
 Occupation Store Manager
 Date of Birth 05/21/1982
 Date of Death
 Daytime Phone
 Taxpayer work Spouse work

Street Address . . . 4000 DUNWOODY PARK Apartment No. . . 3221
 City ATLANTA State . GA ZIP Code . . 30338
 Country, if foreign . . .
 Taxpayer email address Sajana.sebastian@gmail.com

Part II – Main Form

- Form 500: Resident Tax Return (Long form) ►
- Form 500: Nonresident Tax Return ►
- Form 500: Part-Year Resident Tax Return . . . From 01/01/2017 To 11/03/2017
- Schedule 3: Enter Nonresident and Part-year resident allocations ►

Part III – Filing Status

- Single
- Married filing joint return
- Married filing separate return
- Head of household
- Qualifying widow(er)

Part IV – Other Information

- The address above is different than last year
- Taxpayer authorizes the Georgia Department of Revenue to electronically notify them by the e-mail address above regarding any updates to their account(s).
- Taxpayer authorizes the Georgia Department of Revenue to discuss return with preparer

Form 500UET calculations (Underpayment of Estimated Tax Penalty):

- You want the GA Dept of Revenue to figure the underpayment penalty Form 500 UET
- At least 2/3 of your total gross income is from fishing or farming
- Last year's Georgia return did not cover a twelve month period or show a tax liability

Part V – Electronic Filing Information

New! State e-file disclosure consent:

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

- Filed the Georgia return electronically

Electronic PDF Attachments

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

Description	Filename

EF Status Dates:

Enter the date return was EFiled
 Enter the date return was accepted by the state
 Enter the date Form 525-TV was given to client

QuickZoom to Form GA-8453: Additional Information Smart Worksheet ►

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

****Note: Georgia does not allow direct deposit of refunds for first time filers or taxpayers who have not filed a Georgia tax return within the last five years.**

Yes **No** Is this your first time filing a Georgia income tax return?
** Check "Yes" if you have not filed a Georgia tax return within the last five years.

Yes **No** Elect direct deposit of **state** tax refund
 Use electronic funds withdrawal for state tax payments (EF Only)

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

Name of Financial Institution (optional) BANK OF AMERICA
Account type Checking Savings
Routing number 121000358
Account number. 001011973746
Payment date to withdraw from the account above _____
State balance-due amount from this return _____

International ACH Transactions

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

Note: If, for any reason, the scanning equipment at the Georgia Department of Revenue fails to read your direct deposit information (from the barcode on Form 500), you will receive a paper check instead.
For refund information see <https://dor.georgia.gov/wheres-my-refund>.

Part VII – Paid Preparer Information

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

Part VIII – Extension Status

Yes **No** Tax return due date extended?
Extended due date _____

QuickZoom to Form IT-303: Application for Extension of Time for Filing ► _____
QuickZoom to Form IT-560: Extension Payment Voucher ► _____

QuickZoom to Form 500: Income Tax Return (Long form) ► _____

Income and Retirement Worksheets

2017

▶ Keep for your records

Name SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
---	---------------------------------------

	Georgia Amounts		Other State Amounts	
	Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
Income				
1 Wages	19,458.		62,277.	
2 Federal Interest				
- Georgia Adjustments to federal taxable Interest				
3 Dividends				
- Georgia Adjustments to federal taxable Dividends				
4 Capital/other gains or (losses)				
5 Income from federal Schedules C and F		0.		6,000.
6 a Rental/K-1 etc. income				
b - income above subject to FICA or S.E. tax, or S corp income in which you materially participated				
7 a Pension/Annuity and IRA/SEP distributions				
b Lump-sum distributions				
c RRB-1099-R				
d Other Subtraction #2, withdrawals with GA/Fed tax difference				
e Other Subtraction #7, income exempt from state tax				
f Other Subtraction # 8, teachers retirement contributions already taxed by Georgia				
8 Alimony received				
9 Social security				
10 a State income tax refund				
b Unemployment compensation				
11 Other income				
- Gambling winnings				
- Home mortgage debt forgiveness relief				
- NOL Carryover				
- Other				
Federal Form 8814 income included in other income				
Adjustments				
12 IRA deductions				
13 Educator expenses				
14 Tuition and fees deduction				
15 Other federal adjustments	0.	0.	2,000.	424.

Tax Payments Worksheet

2017

► Keep for your records

Name SAJANA SEBASTIAN & FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
---	---------------------------------------

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	562.
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	562.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Georgia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Documents to attach to the FRONT of Form GA-8453: Form W-2 (Georgia Copy) _____ IND-CR, Individual Credit Form _____ _____ _____
D	Documents to attach to the BACK of Form GA-8453: _____ _____ _____ _____
E	Retain Form GA-8453 and all attachments for a period of three years DO NOT MAIL TO STATE AUTHORITIES

LOUISIANA

DEPARTMENT of REVENUE

Your first name and initial SAJANA	Last name SEBASTIAN	Your Social Security Number 1 8 4 3 3 0 5 1 6 1	2017
Spouse's first name and initial FEBIN	Last name KEERANKERIL MATHE	Spouse's Social Security Number 2 8 4 4 7 7 9 6 7 0	
Present home address (number and street including apartment number or rural route) 4000 DUNWOODY PARK #3221		Daytime Telephone Number	
City, town, or post office ATLANTA		State GA	
		ZIP 30338	

Part A Tax Return Information

Balance Due , , . Refund due , , .

Part B Direct Deposit of Refund (Optional) or Direct Debit (Optional)

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

Direct Debit Payment

, , .

Account Number

Withdrawal Date

MM DD YY

Type of Account: Checking Savings
(Check one.)

Full Payment Partial Payment
 Payment made/will be made by credit card.

PART C Declaration of Taxpayer

REV 02/07/18 PRO

- I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.
- I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. _____
Your signature Date Spouse's signature (if joint return) Date

Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. _____
Preparer's signature Social Security Number or ID Number Date Telephone

Mark box if also ERO. _____
Electronic Return Originator's signature Social Security Number or ID Number Date Telephone

30-1017196 06/04/18 678-965-9729

This form is to be maintained by ERO.

IT-540B-2D (Page 1 of 4)
**2017 LOUISIANA NONRESIDENT
 AND PART-YEAR RESIDENT - 2D**

DEV ID 1002

Name Change

Decedent Filing

SAJANA SEBASTIAN

Taxpayer SSN 843305161

Spouse Decedent

FEBIN KEERANKERIL MATHEW

Spouse SSN 844779670

Address Change

4000 DUNWOODY PARK #3221

Amended Return

ATLANTA

GA 30338

Telephone

NOL Carryback

MSRA

Taxpayer DOB

Spouse DOB

2015 Legislation Recovery

04231983

05211982

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

Enter a "1" in box if **single**.

Enter a "2" in box if **married filing jointly**.

Enter a "3" in box if **married filing separately**.

2

Enter a "4" in box if **head of household**.

If the qualifying person is not your dependent, enter name here.

Enter a "5" in box if **qualifying widow(er)**.

6 EXEMPTIONS:

6A Yourself

65 or older

Blind

6B Spouse

65 or older

Blind

Total of 6A & 6B 2

6C DEPENDENTS – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the total number from Federal Form 1040A, Line 6c, or Federal Form 1040, Line 6c.

6C 2

Dependent First and Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)
EDWIN M FEBIN	834-47-6821	SON	05/03/2012
ELVIS S FEBIN	178-75-5802	SON	02/07/2014

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

6D TOTAL EXEMPTIONS – Total of 6A, 6B, and 6C 6D 4

REV 01/04/2018 PRO



FOR OFFICE USE ONLY

Field Flag

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61881

If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Lines 7 through 14.

7	FEDERAL ADJUSTED GROSS INCOME – From the NPR worksheet, Federal column, Line 12	7	85311
8	LOUISIANA ADJUSTED GROSS INCOME – From the NPR worksheet, Louisiana column, Line 33	8	65853
9	RATIO OF LOUISIANA ADJUSTED GROSS INCOME TO FEDERAL ADJUSTED GROSS INCOME	9	7719
10A	FEDERAL ITEMIZED DEDUCTIONS	10A	21888
10B	FEDERAL STANDARD DEDUCTION	10B	12700
10C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 10B from Line 10A.	10C	9188
10D	FEDERAL INCOME TAX Mark Box 1 if your federal income tax has been decreased by the foreign tax credit. Mark Box 2 if your federal income tax has been decreased by a federal disaster credit allow by IRS.	1 2 10D	3036
10E	TOTAL DEDUCTIONS – Add Lines 10C and 10D.	10E	12224
10F	ALLOWABLE DEDUCTIONS – Multiply Line 10E by the percentage on Line 9. Round to the nearest dollar.	10F	9436
11	LOUISIANA NET INCOME – Subtract Line 10F from Line 8. If less than zero, enter zero "0".	11	56417
12	YOUR LOUISIANA INCOME TAX	12	1587
13	OTHER NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C-NR, Line 8	13	0
14	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 13 from Line 12. If less than zero, enter zero "0".	14	1587
15	2017 LOUISIANA REFUNDABLE CHILD CARE CREDITS – From Refundable Child Care Credit Worksheet, Line 11	15	0
15A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.	15A	0
15B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.	15B	0
16	2017 LOUISIANA REFUNDABLE SCHOOL READINESS CREDITS – From Refundable School Readiness Credit Worksheet, Line 4 5 0 4 0 3 0 2 0	16	0
17	LOUISIANA CITIZENS INSURANCE CREDIT 17A 0	17	0
18	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F-NR, Line 10	18	0
19	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 15 and 16 through 18. Do not include amounts on Lines 15A, 15B, and 17A.	19	0
20	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS	20	1587
21	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS	21	0



22	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J-NR, Line 16	22	25
23	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20. If the result is less than zero or you are not required to file a federal return, enter zero "0".	23	1562
24	CONSUMER USE TAX for purchases on or after April 1, 2016 <input checked="" type="checkbox"/> No use tax due.		
	Amount from the Consumer Use Tax Worksheet.	24	0
25	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 23 and 24.	25	1562
26	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.	26	0
27	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I-NR, Line 6	27	0
28	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2017 – Attach Forms W-2 and 1099.	28	1964
29	AMOUNT OF CREDIT CARRIED FORWARD FROM 2016	29	0
30	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING Enter name of partnership. _____	30	0
31	AMOUNT OF ESTIMATED PAYMENTS FOR 2017	31	0
32	AMOUNT PAID WITH EXTENSION REQUEST	32	0
33	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 32.	33	1964
34	OVERPAYMENT – If Line 33 is greater than Line 25, subtract Line 25 from Line 33. Otherwise, enter zero "0" on Lines 34 through 40 and go to Line 41.	34	402
35	UNDERPAYMENT PENALTY – If you are a farmer, mark the box.	35	0
36	ADJUSTED OVERPAYMENT – If Line 34 is greater than Line 35, subtract Line 35 from Line 34 and enter the result here. If Line 35 is greater than Line 34, enter zero "0" on Lines 36 through 40, subtract Line 34 from Line 35, and enter the balance on Line 41.	36	402
37	TOTAL DONATIONS – From Schedule D-NR, Line 24	37	0
38	SUBTOTAL – Subtract Line 37 from Line 36. This amount of overpayment is available for credit or refund.	38	402
39	AMOUNT OF LINE 38 TO BE CREDITED TO 2018 INCOME TAX CREDIT	39	0
40	AMOUNT TO BE REFUNDED – Subtract Line 39 from Line 38. Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit and complete the information below. If the information is unreadable, you will receive your refund by paper check. REFUND 3	40	402

If you are filing for the first time or if you do not make a refund selection, you will receive your refund by paper check.

DIRECT DEPOSIT INFORMATION

Type: Checking Savings

Will this refund be forwarded to a financial institution located outside the United States? Yes No

Routing Number 121000358

Account Number 001011973746



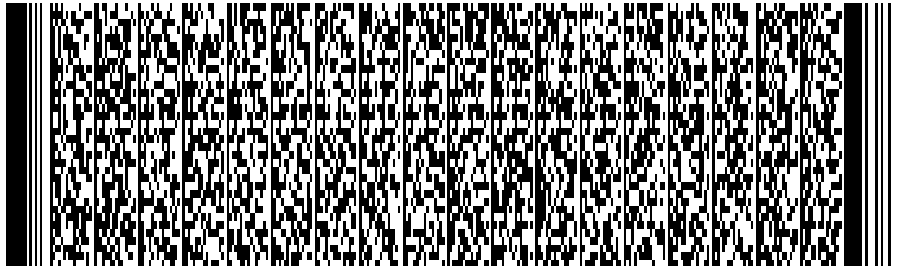
AMOUNTS DUE LOUISIANA

41	AMOUNT YOU OWE – If Line 25 is greater than Line 33, subtract Line 33 from Line 25 and enter the balance here.	41	0
42	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	42	0
43	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	43	0
44	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	44	0
45	INTEREST	45	0
46	DELINQUENT FILING PENALTY	46	0
47	DELINQUENT PAYMENT PENALTY	47	0
48	UNDERPAYMENT PENALTY – If you are a farmer, mark the box.	48	0
49	BALANCE DUE LOUISIANA – Add Lines 41 through 48.	49	0

**PAY THIS AMOUNT.
DO NOT SEND CASH.**

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**



Status 10

Contribution and Donation 0000

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 40.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
----------------	-------------------	---	-------------------

PAID PREPARER USE ONLY	Print/Type Preparer's Name	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name	Firm's EIN		
	Firm's Address	Telephone		

Name
SEBA

Individual Income Tax Return
Calendar year return due 5/15/2018

P02090332

Mail to: Department of Revenue
PO BOX 3440
BATON ROUGE LA 70821-3440

SSN, PTIN, or FEIN
of paid preparer



SCHEDULE C-NR – 2017 NONREFUNDABLE PRIORITY 1 CREDITS

1 CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed per person.

	Deaf	Loss of Limb	Mentally incapacitated	Blind	1D	Enter the total number of qualifying individuals. Only one credit is allowed per person.	1D	
1A Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				0
1B Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1E	Multiply Line 1D by \$72.		0
1C Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

* List dependent names here. >

2 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS

2A	Enter the value of computer or other technological equipment donated. Attach Form R-3400.	2A	0
2B	Multiply Line 2A by 29 percent.	2B	0

3 CREDIT FOR CERTAIN FEDERAL TAX CREDITS

3A	Enter the amount of eligible federal credits.	3A	0
3B	Multiply Line 3A by 7 percent. Enter the result or \$18, whichever is less. This credit is limited to \$18.	3B	0

Additional Nonrefundable Priority 1 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed.

	Credit Description	Credit Code	Amount of Credit Claimed
4	_____	4	0
5	_____	5	0
6	_____	6	0
7	_____	7	0
8	TOTAL NONREFUNDABLE PRIORITY 1 CREDITS – Add Lines 1E, 2B, 3B, and 4 through 7. Also, enter this amount on Form IT-540B-2D, Line 13.	8	0



SCHEDULE J-NR – 2017 NONREFUNDABLE PRIORITY 3 CREDITS

Nonrefundable Child Care Credits

1	FEDERAL CHILD CARE CREDIT	1	1115
2	2017 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT	2	25
3	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2013 THROUGH 2016	3	0
4	2017 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT	4	0
	5 0 4 0 3 0 2 0		
5	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2013 THROUGH 2016	5	0

Additional Nonrefundable Priority 3 Credits

Enter credit description and associated code, along with the dollar amount of credit claimed.

	Credit Description	Credit Code	Amount of Credit Claimed
6	_____	6	0
7	_____	7	0
8	_____	8	0
9	_____	9	0
10	_____	10	0
11	_____	11	0



SCHEDULE J-NR – 2017 NONREFUNDABLE PRIORITY 3 CREDITS ...continued

Transferable, Nonrefundable Priority 3 Credits

Enter credit description, associated code, along with the dollar amount of credit claimed and the State Certification Number from Form R-6135.

	Credit Description	Credit Code	Amount of Credit Claimed
12	_____	12	0
12A			
13	_____	13	0
13A			
14	_____	14	0
14A			
15	_____	15	0
15A			
16	TOTAL NONREFUNDABLE PRIORITY 3 CREDITS – Add Lines 2 through 15. Also, enter this amount on IT-540B-2D, Line 22.	16	25



2017 Nonresident and Part-Year Resident (NPR) Worksheet

		Federal	Louisiana
1	Wages, salaries, tips, etc.	81,735	62,277
2	Taxable interest		
3	Dividends		
4	Business income (or loss) and Farm income (or loss)	6,000	6,000
5	Gains (or losses)		
6	IRA distributions, Pensions and Annuities.		
7	Rental real estate, royalties, partnerships, S corporations, trusts, etc.		
8	Social Security benefits		
9	Other income		
10	Total Income – Add the income amounts on Lines 1 through 9 for each column.	87,735	68,277
11	Total Adjustments to Income	2,424	2,424
12	Adjusted Gross Income – Subtract Line 11 from Line 10 for each column. Enter the amount in the Federal column on IT-540B-2D, Line 7. The amount shown in the Federal column should agree with Federal Form 1040EZ, Line 4, OR Federal Form 1040A, Line 21, OR Federal Form 1040, Line 37.	85,311	65,853

2017 Adjustments to Income**Additions**

13	Interest and dividend income from other states and their political subdivisions		
14	Recapture of START contributions		
15	Total – Add Lines 12, 13, and 14.		65,853

Subtractions

16	Interest and Dividends on U.S. Government Obligations		
17	Louisiana State Employees' Retirement Benefits – Taxpayer date retired: _____ Spouse date retired: _____		
18	Louisiana State Teachers' Retirement Benefits – Taxpayer date retired: _____ Spouse date retired: _____		
19	Federal Retirement Benefits – Date retired: Taxpayer _____ Spouse: _____		
20	Other Retirement Benefits – Date retired: Taxpayer _____ Spouse: _____ Provide name or statute: _____		
21	Annual Retirement Income Exemption for Taxpayers 65 or over – Provide name of pension or annuity: _____		
22	Native American Income		
23	START Savings Program Contribution		
24	Military Pay Exclusion		
25	Road Home		
26	Recreation Volunteer or Volunteer Firefighter		
27	Voluntary Retrofit Residential Structure		
28	IRC 280C Expense Adjustment		
29	Elementary and Secondary School Tuition, Educational Expenses for Home-Schooled Children, Educational Expenses for Quality Public Education		
30	Capital Gain from Sale of Louisiana Business		
31	Other Exempt Income Identify: _____		
32	Total Exempt Income – Add lines 16 through 31.		0
33	LOUISIANA ADJUSTED GROSS INCOME. Subtract Line 32 from Line 15 and enter here and on IT-540B-2D, Line 8.		65,853



Nonresident Tax Computation Worksheet

2017

▶ Keep for your records

Name as Shown on Return SAJANA SEBASTIAN AND FEBIN KEERANKERIL MATHEW	Your Social Security Number 843-30-5161
---	---

A Nonresident taxable income: Enter amount from line 11, Form IT-540B	A	56,417.
B First bracket: Enter first \$12,500 (\$25,000 for filing status 2 or 5). If line A is less than \$12,500 (\$25,000 for filing status 2 or 5), enter amount from line A	B	25,000.
C 1 Combined personal exemptions. If filing status 2, 4, or 5, enter \$9,000 ; or, if filing status 1 or 3 enter \$4,500	C 1	9,000.
2 Credit for dependents	2	2,000.
3 Total: Add lines C1 and C2 and print the result	3	11,000.
D Enter ratio from IT-540B, line 9	D	0.7719
E Allowable deductions: line C3 times line D	E	8,491.

		Tax
F Taxable first bracket: line B minus line E multiplied by 2 %. Enter in the Tax column	16,509.	2 % Rate 330.
G Second bracket: line A minus line B; if greater than zero enter balance, or \$37,500 (\$75,000 filing status 2 or 5) whichever is less. Reduce amount by the amount line E exceeds line B. Multiply balance by 4 % and enter in Tax column	31,417.	4 % Rate 1,257.
H Third bracket: line A minus \$50,000 (\$100,000 if filing status is 2 or 5). Enter balance (not less than zero). Multiply balance by 6 % and enter in Tax column	0.	6 % Rate 0.
I Total tax: Add F, G and H. Enter here and on line 12, IT-540B		1,587.

Louisiana Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

First Name SAJANA
 Middle Initial _____ Suffix _____
 Last Name SEBASTIAN
 Social Security No. 843-30-5161

 Occupation SYSTEM ANALYST
 Taxpayer 65/Over. Taxpayer Blind
 Date of Death _____
 Work Phone (949) 607-9671
 Date of Birth 04/23/1983

Spouse :

First Name FEBIN
 Middle Initial _____ Suffix _____
 Last Name KEERANKERIL MATHEW
 Social Security No. 844-77-9670

 Occupation STORE MANAGER
 Spouse 65/Over . . Spouse Blind
 Date of Death _____
 Work Phone _____
 Date of Birth 05/21/1982

c/o Name _____
 Mailing Address . . . 4000 DUNWOODY PARK Apt No. . . 3221
 City ATLANTA State GA ZIP Code 30338
 Home phone _____

Dependents:

First Last	Initial Relationship	SSN Date of Birth	Child Care Credit	Disabled	Hunter/Fisher License
<u>EDWIN</u>	<u>M</u>	<u>834-47-6821</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FEBIN</u>	<u>Son</u>	<u>05/03/2012</u>			
<u>ELVIS</u>	<u>S</u>	<u>178-75-5802</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>FEBIN</u>	<u>Son</u>	<u>02/07/2014</u>			
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____			

Part II – Main Form

- Form 540: Resident Tax Return ▶
 Form 540B: Part-year or Nonresident Tax Return ▶

Part-year residents who choose to file a nonresident return or Nonresident must complete the Part-Year/Nonresident Worksheet _____

Part III – Filing Status Information

- Single
 Married filing joint
 Married filing separate
 Head of household
 Qualifying widow(er)
 Qualifying child's name _____
 Louisiana Filing Status 2

Part IV – Nonrefundable Credits

Credit for certain disabilities:

Deaf	Loss of Limb	Mentally Incapacitated	Blind	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yourselves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependents name(s)

Caution: Number of disability credits for dependents is based on number of dependents entered here. _____

Is this the first time claiming a disability for any of the above?

Credit for contributions to educational institutions

Enter the value of computer equipment donated _____

Part V – Other Information

- First time filer
- Has the name of the taxpayer(s) changed since 2016
- Has the address of the taxpayer(s) changed since 2016

Yes No
 Do you qualify as a farmer or fisherman?

Filing for a refund of Louisiana income tax withheld when no federal return is required:
 You are not required to file a federal return but had Louisiana income tax withheld in 2017
 If checked, total wages from which Louisiana tax was withheld. _____

Consumer use tax: Enter total taxable out-of-state purchases _____
 _____ 0. x .09 = _____ 0.
 START contributions refunded to you by the LA Office of Student Financial Aid ▶ _____
 Last year's tax refund to be entered on START Deduction Wks, Col A ▶ _____

Military personnel filing a Louisiana resident return:
 Check each true statement: In 2017

Taxpayer	Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	Louisiana is my home of record
<input type="checkbox"/>	<input type="checkbox"/>	I am active duty military
<input type="checkbox"/>	<input type="checkbox"/>	I have military orders (a copy must be attached), AND
<input type="checkbox"/>	<input type="checkbox"/>	I did or will serve outside of Louisiana for 120 days or more
_____	_____	Enter the 2017 exempt portion of wages earned outside of Louisiana during and after 120 plus consecutive days of active duty military service

Nonresident military members stationed in Louisiana:
 The program uses the following information to comply with the federal H.R. 100, Servicemembers Civil Relief Act. This act prohibits states from taxing the military wages of **nonresident** military members stationed in their state. Note: If you are **not filing a resident return**, and need to exclude these wages from your taxable income, please use the **Part Year/Nonresident Allocation Worksheet**.

Taxpayer	Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	I am a nonresident member of the military stationed in Louisiana
_____	_____	Enter the total of all excludable military wages

- Do you want Louisiana to figure the underpayment penalty Form R-210R?
- Do you want Louisiana to calculate your Louisiana Penalty Worksheet

Yes No
 Would you like to use the Underpayment Statement to calc the penalty?

QuickZoom to Form R-210R, Underpayment Penalty ▶ _____
Quickzoom to Underpayment Statement. ▶ _____
Quickzoom to Louisiana Penalty Worksheet. ▶ _____

Part VI – Preparer Information

Enter the preparer's assigned number from Preparer's Information Worksheet 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:
 By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Louisiana Department of Revenue, as applicable by law.
 The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

Date return was filed electronically ▶ _____
 Date return was accepted by the state ▶ _____
 Enter the date Form R-540V was given to client ▶ _____
QuickZoom to Form LA 8453 Additional Information SmartWorksheet ▶ _____

Part VIII - Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
 Do you want to elect direct deposit of state tax refund? **NOTE: Not available for first time filers**
 Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:
 Name of Financial Institution (optional) ▶ BANK OF AMERICA
 Check the appropriate box:
 Checking Routing number ▶ 121000358
 Savings Account number ▶ 001011973746
 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 - Authenticate Your Return for the On-Line Filing Program

By using a computer system and software to prepare and transmit return(s) electronically, I consent to the disclosure of all information pertaining to my use of the system and software to the Louisiana Department of Revenue, as applicable by law, and to the transmission of my tax return(s).

I am signing this Consent to Disclosure by entering my date of birth below.
 Taxpayer's date of birth _____
 Today's Date _____
 If you're filing a joint return:
 Spouse's date of birth _____

Part X - Extension Status

If the Louisiana tax return can't be filed by May 15, 2018, a state extension is required to be filed on or before the filing date. Copies of the federal extension (Form 4868) will **not** be accepted.

Yes No

Did you file an extension before May 15, 2018 ?

Caution: An extension of time to file is **not** an extension of time to pay.

Extended due date _____

QuickZoom to Form R-2868V, Extension Request and Payment Voucher. ▶ _____

File extension electronically?

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

Yes No

Use electronic funds withdrawal of Louisiana extension tax payment?

Enter settlement date to withdraw the extension amount from the account above _____

State balance-due amount paid with this extension (Form R-2868V). _____

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

Extension accepted?

Extension filing date _____

Extension acceptance date _____

Part XI – Amended Return

Are you filing a Louisiana amended return (See Tax Help)

Are you amending a Louisiana return due to a Net Operating Loss (NOL) carryback? (See Tax Help)

The last day of the tax year you are amending is ▶ _____

Overpayment calculated with original return _____

Additional Tax paid with original return _____

QuickZoom to Explanation of Changes Worksheet. ▶ _____

Note: If amending, you must fill out the Explanation if Changes Worksheet.

Louisiana Nonrefundable Child Care Credit Worksheet

2017

▶ Keep for your records

Name as Shown on Return SAJANA SEBASTIAN AND FEBIN KEERANKERIL MATHEW	Your Social Security Number 843-30-5161
--	--

1 Federal Child Care Credit claimed (from federal Form 1040, line 49 or Form 1040A, line 31).	1115
1a Federal Adjusted Gross Income (AGI) from federal Form 1040A, line 21; or federal Form 1040, line 37	85311
Federal Adjusted Gross Income Percentage Nonrefundable Credit Allowable	
Over \$25,000 up to \$35,000 30% Lesser of 30% or LA net tax	
Over \$35,000 up to \$60,000 10% Lesser of 10% or LA net tax	X. 0.10
Over \$60,000 10% Lesser of 10% or tax or \$25	
2 Available Nonrefundable Child Care Credit. Multiply Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A.	112.
2a Important! If AGI is more than \$60,000, the credit is limited to the LESSER of \$25 or 10% of the federal credit. If line 2 is greater than \$25, print \$25 here. This is your available Nonrefundable Child Care Credit for this year.	25
3 Line 20 from Form IT-540 or Line 20 from IT-540B.	1587
4 If Line 3 is less than or equal to zero, your entire Child Care Credit of 2017 will be carried forward to 2018. "0" will be transferred to Form IT-540, Schedule J, lines 2 and 3, or to IT-540B, Schedule J-NR, lines 2 and 3. Do not complete the rest of this worksheet.	

5 From Line 3, if greater than zero.	1,587.
6 Enter the amount of any Child Care Credit Carryforward from previous years	0
7 Line 5 minus Line 6	1,587.
8 If Line 7 is less than or equal to zero, your Child Care Credit Carryforward is equal to Line 5. Line 6 minus Line 5 is printed here: the amount of previous unused Child Care Credit Carryforward that can be carried forward to next year, along with the entire credit for this year. Line 5 will transfer to Form IT-540, Schedule J, Line 3, or to IT-540B, Schedule J-NR, Line 3. Do not complete the rest of this worksheet. . . .	

9 If Line 7 is greater than zero, Line 6 will be transferred to Form IT-540, Schedule J, line 3, or to IT-540B, Schedule J-NR line 3	
10 From Line 7 above (if greater than 0).	1,587.
11 2017 Child Care Credit (from Line 2 or Line 2A, above).	25.
12 Line 10 minus Line 11.	1,562.
13 If Line 12 is greater than zero, your entire Child Care Credit for 2017 has been utilized. Line 11 will be transferred to Form IT-540, Schedule J, Line 2. Do not complete the rest of this worksheet.	
14 If Line 12 is less than zero, the amount of your 2017 Child Care Credit is the amount shown on Line 10. This amount will be transferred to Form IT-540, Schedule J, Line 2, or to IT-540B, Schedule J-NR, Line 2.	
15 If Line 12 is less than zero, Line 11 minus Line 10 is your Child Care Credit Carryforward to 2018. Keep this for your records.	0

Tax Payments Worksheet

2017

▶ Keep for your records

Name SAJANA SEBASTIAN AND FEBIN KEERANKERIL MATHEW	Social Security Number 843-30-5161
---	---------------------------------------

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	1,964.
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	1,964.
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Louisiana Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Documents to attach to the FRONT of Form LA 8453: Form W-2 (Copy 2) _____ _____ _____
Retain the completed Form LA 8453 with your ERO records for three years. Do Not Mail	

SMART WORKSHEET FOR: Child Care Credit Wks -- Nonrefundable

Child Care Credit Carryforward Smart Worksheet			
(a) Year of Carryforward	(b) Unused amount available	(c) Amount used this year	(d) Carryforward next year
2013		0.	0.
2014		0.	0.
2015		0.	0.
2016		0.	0.
2017	25.	25.	0.
Total			0.



Illinois Department of Revenue
2017 Form IL-1040

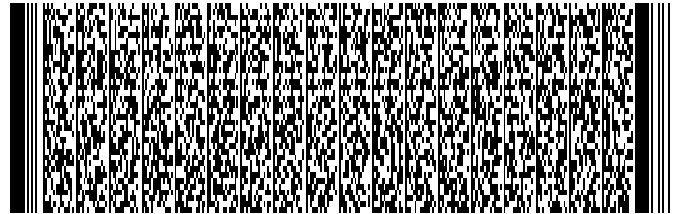
Individual Income Tax Return

or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

843-30-5161 844-77-9670
 SAJANA SEBASTIAN
 FEBIN KEERANKERIL MATHEW
 4000 DUNWOODY PARK 3221
 ATLANTA GA 30338



C Filing status (see instructions)

Single or head of household Married filing jointly Married filing separately Widowed



Staple W-2 and 1099 forms here

Step 2:	1	Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4	(Whole dollars only)	1	<u>85,311.00</u>
Income	2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ		2	<u>.00</u>
	3	Other additions. Attach Schedule M.		3	<u>.00</u>
	4	Total income. Add Lines 1 through 3.		4	<u>85,311.00</u>

Step 3:	5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	<u>.00</u>
Base	6	Illinois Income Tax overpayment included in federal Form 1040, Line 10	6	<u>.00</u>
Income	7	Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	<u>.00</u>
	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	<u>.00</u>
	9	Illinois base income. Subtract Line 8 from Line 4.	9	<u>85,311.00</u>



Staple your check and IL-1040-V

Step 4:	See instructions before completing Step 4.				
Exemptions	10 a	Number of exemptions from your federal return	<u>4</u> X \$2,175	a	<u>8,700.00</u>
	b	If someone can claim you as a dependent, see instructions.	<u> </u> X \$2,175	b	<u>.00</u>
	c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	<u> </u> X \$1,000	c	<u>.00</u>
	d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse =	<u> </u> X \$1,000	d	<u>.00</u>
		Exemption allowance. Add Lines a through d.		10	<u>8,700.00</u>

Step 5:	11	Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	11	<u>.00</u>
Net	12	Nonresidents and part-year residents: Check the box that applies to you during 2017 <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the Illinois base income from Schedule NR. Attach Schedule NR.	12	<u>0.00</u>
Income				

Step 6:	13	Residents: Multiply Line 11 by 4.3549% (.043549). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Check if you completed Schedule SA to calculate your income tax. Attach Schedule SA. <input type="checkbox"/>	13	<u>0.00</u>
Tax	14	Recapture of investment tax credits. Attach Schedule 4255.	14	<u>.00</u>
	15	Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	<u>0.00</u>

Step 7:	16	Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	<u>.00</u>
Tax After	17	Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17	<u>.00</u>
Non-	18	Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18	<u>.00</u>
refundable	19	Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19	<u>0.00</u>
Credits	20	Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	<u>0.00</u>





Illinois Department of Revenue
2017 Schedule NR
 Attach to your Form IL-1040

Nonresident and Part-Year Resident
Computation of Illinois Tax

IL Attachment No. 2

S SEBASTIAN & F KEERANKERIL MATHEW
 Your name as shown on your Form IL-1040

8 4 3 - 3 0 - 5 1 6 1
 Your Social Security number

Step 1: Provide the following information

- Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No If you answered "Yes," you cannot use this form (see instructions).
- If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2017.
a I lived in **Illinois** from ___/___/17 to ___/___/17 I lived in _____ from ___/___/17 to ___/___/17
Month Day Year Month Day Year State Month Day Year Month Day Year
b My spouse lived in **Illinois** from ___/___/17 to ___/___/17, and _____ from ___/___/17 to ___/___/17
Month Day Year Month Day Year State Month Day Year Month Day Year
- If you were a resident of any of the states listed below during the tax year or if you were in Illinois only to accompany your spouse who was in the military, check the appropriate box.
 Iowa Kentucky Michigan Wisconsin Military Spouse
- If you earned income or filed a tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	<u>5 81,735.00</u>	<u>.00</u>
6 Taxable interest (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	<u>6 .00</u>	<u>.00</u>
7 Ordinary dividends (federal Form 1040 or 1040A, Line 9a)	<u>7 .00</u>	<u>.00</u>
8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040, Line 10)	<u>8 .00</u>	<u>.00</u>
9 Alimony received (federal Form 1040, Line 11)	<u>9 .00</u>	<u>.00</u>
10 Business income or loss (federal Form 1040, Line 12)	<u>10 6,000.00</u>	<u>.00</u>
11 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	<u>11 .00</u>	<u>.00</u>
12 Other gains or losses (federal Form 1040, Line 14)	<u>12 .00</u>	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	<u>13 .00</u>	<u>.00</u>
14 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	<u>14 .00</u>	<u>.00</u>
15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040, Line 17)	<u>15 .00</u>	<u>.00</u>
16 Farm income or loss (federal Form 1040, Line 18)	<u>16 .00</u>	<u>.00</u>
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	<u>17 .00</u>	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	<u>18 .00</u>	<u>.00</u>
19 Other income. See instructions. (federal Form 1040, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	<u>19 .00</u>	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 _____	<u>.00</u>



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	.00
	22 Educator expenses (federal Form 1040, Line 23; or 1040A, Line 16)	22 .00	.00
	23 Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)	23 .00	.00
	24 Health savings account deduction (federal Form 1040, Line 25)	24 .00	.00
	25 Moving expenses (federal Form 1040, Line 26)	25 2,000.00	.00
	26 Deductible part of self-employment tax (federal Form 1040, Line 27)	26 424.00	0.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040, Line 28)	27 .00	.00
	28 Self-employed health insurance deduction (federal Form 1040, Line 29)	28 .00	.00
	29 Penalty on early withdrawal of savings (federal Form 1040, Line 30)	29 .00	.00
	30 Alimony paid (federal Form 1040, Line 31a)	30 .00	.00
	31 IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)	31 .00	.00
	32 Student loan interest deduction (federal Form 1040, Line 33; or 1040A, Line 18)	32 .00	.00
	33 Tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)	33 .00	.00
	34 Domestic production activities deduction (federal Form 1040, Line 35)	34 .00	.00
	35 Other adjustments (see instructions)	35 .00	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	0.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 85,311.00	
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	0.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 .00	.00
	40 Other additions (Form IL-1040, Line 3)	40 .00	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	0.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42 .00	.00
	43 Illinois Income Tax overpayment included on your federal Form 1040, Line 10. (Form IL-1040, Line 6)	43 .00	.00
	44 Other subtractions (Form IL-1040, Line 7)	44 .00	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income . Enter this amount on your Form IL-1040, Line 12. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	46	0.00
	47 Enter the base income from Form IL-1040, Line 9.	47 .00	
	48 Divide Line 46 by Line 47 (carry to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48 ● 0.000	
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49 .00	
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income.	51	.00
	52 Multiply the amount on Line 51 by 4.3549% (.043549). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 13. If you completed Schedule SA, enter the amount from Line 25 of that schedule here and on your Form IL-1040, Line 13. This is your tax .	52	0.00



Illinois Information Worksheet

2017

Keep for your own records

Part I - Personal Information

Taxpayer:

First Name SAJANA
Middle Initial
Last Name SEBASTIAN
Suffix
Social Security No. . 843-30-5161
Date of Birth 04/23/1983
Age 65 or Over
Legally Blind
Date of Death
Daytime phone *
Home phone *

Spouse:

First Name FEBIN
Middle Initial
Last Name KEERANKERIL MATHEW
Suffix
Social Security No. . 844-77-9670
Date of Birth 05/21/1982
Age 65 or Over
Legally Blind
Date of Death
Daytime phone *

* Check one of these boxes to print the daytime phone number on the Illinois forms.

Street Address 4000 DUNWOODY PARK Apartment Number . 3221
City ATLANTA State . GA ZIP Code 30338

For foreign address, Illinois Department of Revenue requires the following information:

Foreign City Foreign Province or State . . .
Foreign Country Foreign Postal Code

Part II - Resident Status

Full-Year Resident
[X] Nonresident
Part-Year Resident lived in Illinois from to
also lived in from to

QuickZoom here to Form IL-1040

Part III - Filing Status

Single or head of household
[X] Married filing jointly
Married filing separately
Widowed

Part IV - Other Information

Form IL-2210 Information:

Check if at least two-thirds of total federal gross income came from farming
Check if 65 or older and permanently living in a nursing home
Check if you were not required to file an Illinois income tax return in 2016
[X] Check if you do not want to file Illinois Form IL-2210 (see on-line help)

Enter total tax from last year's Form IL-1040, line 15 (for IL-2210, line 1)
Enter credits from last year's Form IL-1040, lines 16, 17, 18 and 28 (for IL-2210, line 2)

First Time Filer:

Yes No
Has client ever filed a tax return in Illinois?

Part V – Electronic Filing Information

File state 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

Date return was EFiled
Date return was accepted by the state
Enter the date Form IL-1040-V was given to client
QuickZoom to Form IL-8453: Additional Information Smart Worksheet

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
[X] Use direct deposit for state tax refund
Use electronic funds withdrawal for state tax payment (EF only)
Elect to receive a state issued debit card for state refund (if you check No then your client will receive a paper check)

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

Name of Financial Institution (optional) BANK OF AMERICA
Name on account
Check the appropriate box:
Checking [X] Routing number 121000358
Savings [] Account number 001011973746
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, enter 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 VII – Payment by Credit Card

Check if the balance due will be paid by credit card

Part VIII – Paid Preparer Information and Third Party Designee Information

Enter the preparer's assigned code from Preparer's Information Worksheet 1
Check if this tax return is self-prepared, or prepared by a non-paid preparer
Yes No
Client allows a personal representative to discuss return with the Illinois Department of Revenue
If yes, complete information below:
Designee's name
Designee's phone number

Part IX – Extension Status

Yes No
[X] Tax return due date extended? If yes, extended due date
QuickZoom to Form IL-505-I: Automatic Extension Payment

Smart Worksheets from your 2017 Illinois Tax Return

SMART WORKSHEET FOR: Form IL-1040: Illinois Individual Income Tax Return

Use Tax Smart Worksheet

Method 1: Use Tax (UT) Worksheet

Complete this worksheet to report and pay your use tax on Form IL-1040. If your annual use tax liability is over \$600, you must file and pay your use tax with Form ST-44.

Note: Do not include any

- items for which you paid sales tax in another state (but not in another country) of
 - 6.25% or more on Line 1a and
 - 1% or more on Line 2a
- sales tax you paid in another state, on line 4, for items not included in Lines 1a or 2a

- 1a** Enter the total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax **1a** _____
- 1b** Multiply Line 1a by 6.25% (.0625). Round the result to whole dollars **1b** _____ 0.
- 2a** Enter the total cost of qualifying food, non-prescription drugs and medical appliances you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax **2a** _____
- 2b** Multiply Line 2a by 1% (.01). Round the result to whole dollars **2b** _____ 0.
- 3** Add Lines 1b and 2b. **This is your Use Tax on purchases.** **3** _____ 0.
- 4** Enter the amount of sales tax you paid in another state (not in another country) on the items included on Lines 1a and 2a **4** _____
- 5** Subtract Line 4 from Line 3. **Enter the result here and on Form IL-1040, Line 23** (if the result is less than zero, enter zero) **5** _____

Method 2: UT Table

If there are no major purchases and do not have receipts to figure purchases, use the table to estimate annual Illinois Use Tax liability.

AGI (from IL-1040, Line 1)	Use Tax
\$0 - \$10,000	\$3
\$10,001 - \$20,000	\$9
\$20,001 - \$30,000	\$15
\$30,001 - \$40,000	\$21
\$40,001 - \$50,000	\$27
\$50,001 - \$75,000	\$38
\$75,001 - \$100,000	\$52
Above \$100,000	Multiply AGI by 0.06% (0.0006)

To use UT table calculate Use Tax, check here

Use tax amount based on table above _____

Keep a copy of this smart worksheet with your records.

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

Business Income Smart Worksheet			
Business Name	State where business is located	Col A Federal Total	Col B Illinois Portion
FEBIN KEERANKERIL MATHEW	GA	6,000.	

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

Illinois Self-Employment (ISE) Smart Worksheet	
For use in column B, lines 26, 27, and 28 below.	
A Self-employment income included in column B, line 20 above	_____
B Total self-employment income (from federal Schedule SE, Section A, line 3 or Section B, lines 3 and 5a)	6,000.
C Illinois self-employment (ISE) decimal. Line A divided by line B	0.000
D Deductible portion of self-employment tax (column A, line 26 below)	424.
E Illinois portion. Multiply line D by line C. Enter in column B, line 26 below	0.
F Self-employed health insurance deduction (column A, line 28 below)	_____
G Illinois portion. Multiply line F by line C. Enter in column B, line 28 below	_____
H Keogh and self-employed SEP plans (column A, line 27 below)	_____
I Illinois portion. Multiply line H by line C. Enter in column B, line 27 below	_____

SMART WORKSHEET FOR: Schedule NR: Nonresident/Part-Year Resident Tax Computation

IRA Deduction Smart Worksheet	
For use in column B, line 31 below.	
A Wages, salaries, tips, and alimony received from Illinois sources (column B, lines 5 and 9 above)	_____
B Wages, salaries, tips, and alimony received from all sources (column A, lines 5 and 9 above)	81,735.
C Line A divided by line B	0.000
D Total IRA deduction (column A, line 31 below)	_____
E Illinois IRA deduction. Multiply line D by line C. Enter in column B, line 31 below	_____