Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

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

OMB No. 1545-0074

2017

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
ANEESH REDDY KETHI REDDY	645-81-8640
Spouse's name	Spouse's social security number

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	4,411.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	0.
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	538.
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	538.
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 (**ERO firm name**) to enter or generate my PIN 1 8 6 4 0 (**Enter five digits, but don't enter all zeros**) as my signature on my tax year 2017 electronically filed income tax return.

☐ 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 ______________________ (**ERO firm name**) to enter or generate my PIN ☐☐☐☐☐ (**Enter five digits, but don't enter all zeros**) as my signature on my tax year 2017 electronically filed income tax return.

☐ 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

Form **1040NR** Department of the Treasury Internal Revenue Service

U.S. Nonresident Alien Income Tax Return

▶ Go to *www.irs.gov/Form1040NR* for instructions and the latest information.

For the year January 1–December 31, 2017, or other tax year beginning , 2017, and ending , 20

OMB No. 1545-0074

2017

Please print or type

Your first name and initial: ANEESH REDDY	Last name: KETHI REDDY	Identifying number (see instructions): 645-81-8640
Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions.: 16980 SW STEELE WAY		Check if: ☒ Individual ☐ Estate or Trust
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.: BEAVERTON OR 97006		
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

Check only one box.

1 ☐ Single resident of Canada or Mexico or single U.S. national
2 ☒ Other single nonresident alien
3 ☐ Married resident of Canada or Mexico or married U.S. national
4 ☐ Married resident of South Korea
5 ☐ Other married nonresident alien
6 ☐ Qualifying widow(er) (see instructions)

If you checked box 3 or 4 above, enter the information below. Child's name ▶

(i) Spouse's first name and initial	(ii) Spouse's last name	(iii) Spouse's identifying number

Exemptions

7a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 7a

b ☐ **Spouse.** Check box 7b only if you checked box 3 or 4 above **and** your spouse **did not** have any U.S. gross income

Boxes checked on 7a and 7b: 1

No. of children on 7c who:
• lived with you
• did not live with you due to divorce or separation (see instructions)

Dependents on 7c not entered above

If more than four dependents, see instructions.

c Dependents: (see instructions) (1) First name Last name	(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) ✔ if qualifying child for child tax credit (see instr.)
			☐
			☐
			☐
			☐

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

Income Effectively Connected With U.S. Trade/Business

Attach Form(s) W-2, 1042-S, SSA-1042S, RRB-1042S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.

8	Wages, salaries, tips, etc. Attach Form(s) W-2			8	4,411.
9a	**Taxable** interest			9a	
b	**Tax-exempt** interest. **Do not** include on line 9a	9b			
10a	Ordinary dividends			10a	
b	Qualified dividends (see instructions)	10b			
11	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)			11	
12	Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)			12	
13	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)			13	
14	Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here ☐			14	
15	Other gains or (losses). Attach Form 4797			15	
16a	IRA distributions	16a	16b Taxable amount (see instructions)	16b	
17a	Pensions and annuities	17a	17b Taxable amount (see instructions)	17b	
18	Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)			18	
19	Farm income or (loss). Attach Schedule F (Form 1040)			19	
20	Unemployment compensation			20	
21	Other income. List type and amount (see instructions)			21	
22	Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e)	22			
23	Combine the amounts in the far right column for lines 8 through 21. This is your **total effectively connected income** ▶			23	4,411.

Adjusted Gross Income

24	Educator expenses (see instructions)	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE (Form 1040)	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction (see instructions)	29			
30	Penalty on early withdrawal of savings	30			
31	Scholarship and fellowship grants excluded	31			
32	IRA deduction (see instructions)	32			
33	Student loan interest deduction (see instructions)	33			
34	Domestic production activities deduction. Attach Form 8903	34			
35	Add lines 24 through 34			35	
36	Subtract line 35 from line 23. This is your **adjusted gross income** ▶			36	4,411.

Tax and Credits

37	Amount from line 36 (adjusted gross income)			37	4,411.
38	**Itemized deductions** from page 3, Schedule A, line 15 Std Dedn US/India Treaty			38	6,350.
39	Subtract line 38 from line 37			39	-1,939.
40	Exemptions (see instructions)			40	4,050.
41	**Taxable income.** Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-			41	0.
42	**Tax** (see inst.). Check if any is from Form(s): a ☐ 8814 b ☐ 4972			42	0.
43	**Alternative minimum tax** (see instructions). Attach Form 6251			43	
44	Excess advance premium tax credit repayment. Attach Form 8962			44	
45	Add lines 42, 43, and 44 ▶			45	0.
46	Foreign tax credit. Attach Form 1116 if required	46			
47	Credit for child and dependent care expenses. Attach Form 2441	47			
48	Retirement savings contributions credit. Attach Form 8880	48			
49	Child tax credit. Attach Schedule 8812, if required	49			
50	Residential energy credit. Attach Form 5695	50			
51	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	51			
52	Add lines 46 through 51. These are your **total credits**			52	
53	Subtract line 52 from line 45. If line 52 is more than line 45, enter -0- ▶			53	0.

Other Taxes

54	Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15	54	
55	Self-employment tax. Attach Schedule SE (Form 1040)	55	
56	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	56	
57	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	57	
58	Transportation tax (see instructions)	58	
59a	Household employment taxes from Schedule H (Form 1040)	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a ☐ Form 8959 b ☐ Instructions; enter code(s)	60	
61	Add lines 53 through 60. This is your **total tax** ▶	61	0.

Payments

62	Federal income tax withheld from:				
a	Form(s) W-2 and 1099	62a	538.		
b	Form(s) 8805	62b			
c	Form(s) 8288-A	62c			
d	Form(s) 1042-S	62d			
63	2017 estimated tax payments and amount applied from 2016 return	63			
64	Additional child tax credit. Attach Schedule 8812	64			
65	Net premium tax credit. Attach Form 8962	65			
66	Amount paid with request for extension to file (see instructions)	66			
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67			
68	Credit for federal tax paid on fuels. Attach Form 4136	68			
69	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	69			
70	Credit for amount paid with Form 1040-C	70			
71	Add lines 62a through 70. These are your **total payments** ▶			71	538.

Refund

Direct deposit? See instructions.

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you **overpaid**	72	538.
73a	Amount of line 72 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	73a	538.

b Routing number 1 2 3 1 0 3 7 1 6 ▶ c Type: ☒ Checking ☐ Savings

d Account number 1 3 9 1 0 1 2 3 6 9 3 2

e If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.

74 Amount of line 72 you want **applied to your 2018 estimated tax** ▶ 74

Amount You Owe

75 **Amount you owe.** Subtract line 71 from line 61. For details on how to pay, see instructions ▶ 75

76 Estimated tax penalty (see instructions) 76

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your signature ▶ | Date | Your occupation in the United States: SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	06/14/2018		P02090332

Firm's name ▶ GLOBAL TAXES LLC — Firm's EIN ▶ 30-1017196

Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 — Phone no. (678)965-9729

Schedule A—Itemized Deductions (see instructions)

07

Taxes You Paid	1	State and local income taxes			1	
Gifts to U.S. Charities		**Caution:** If you made a gift and received a benefit in return, see instructions.				
	2	Gifts by cash or check. If you made any gift of $250 or more, see instructions	2			
	3	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if the amount of your deduction is over $500	3			
	4	Carryover from prior year	4			
	5	Add lines 2 through 4			5	
Casualty and Theft Losses	6	Casualty or theft loss(es). Attach Form 4684. See instructions			6	
Job Expenses and Certain Miscellaneous Deductions	7	Unreimbursed employee expenses—job travel, union dues, job education, etc. You **must** attach Form 2106 or Form 2106-EZ if required. See instructions ▶	7			
	8	Tax preparation fees	8			
	9	Other expenses. See instructions for expenses to deduct here. List type and amount ▶	9			
	10	Add lines 7 through 9	10			
	11	Enter the amount from Form 1040NR, line 37	11					
	12	Multiply line 11 by 2% (0.02)	12			
	13	Subtract line 12 from line 10. If line 12 is more than line 10, enter -0-			13	
Other Miscellaneous Deductions	14	Other—see instructions for expenses to deduct here. List type and amount ▶			14	
Total Itemized Deductions	15	Is Form 1040NR, line 37, over the amount shown below for the filing status box you checked on page 1 of Form 1040NR: • $313,800 if you checked box 6; • $261,500 if you checked box 1 or 2; or • $156,900 if you checked box 3, 4, or 5? ☐ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 1 through 14. Also enter this amount on Form 1040NR, line 38. ☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter here and on Form 1040NR, line 38.			15	

Schedule NEC—Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

Nature of income		Enter amount of income under the appropriate rate of tax (see instructions) (a) 10%	(b) 15%	(c) 30%	(d) Other (specify) %	%
1 Dividends paid by:						
a U.S. corporations	1a					
b Foreign corporations	1b					
2 Interest:						
a Mortgage	2a					
b Paid by foreign corporations	2b					
c Other	2c					
3 Industrial royalties (patents, trademarks, etc.)	3					
4 Motion picture or T.V. copyright royalties	4					
5 Other royalties (copyrights, recording, publishing, etc.)	5					
6 Real property income and natural resources royalties	6					
7 Pensions and annuities	7					
8 Social security benefits	8					
9 Capital gain from line 18 below	9					
10 Gambling—Residents of Canada only. Enter net income in column (c). **If zero or less, enter -0-.** a Winnings _____ b Losses _____	10c					
11 Gambling winnings—Residents of countries other than Canada. **Note:** Losses not allowed	11					
12 Other (specify) ▶	12					
13 Add lines 1a through 12 in columns (a) through (d)	13					
14 **Multiply line 13 by rate of tax at top of each column**	14					

15 **Tax on income not effectively connected with a U.S. trade or business.** Add columns (a) through (d) of line 14. Enter the total here and on Form 1040NR, line 54 ▶ 15

Capital Gains and Losses From Sales or Exchanges of Property

Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040).

Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.

16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)

17 Add columns (f) and (g) of line 16 . . . 17 ( )

18 **Capital gain.** Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-) ▶ 18

Schedule OI—Other Information (see instructions)

Answer all questions

A Of what country or countries were you a citizen or national during the tax year? INDIA

B In what country did you claim residence for tax purposes during the tax year? India

C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? ☐ **Yes** ☒ **No**

D Were you ever:

1. A U.S. citizen? ☐ **Yes** ☒ **No**

2. A green card holder (lawful permanent resident) of the United States? ☐ **Yes** ☒ **No**

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.

E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1

F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? ☐ **Yes** ☒ **No**

If you answered "Yes," indicate the date and nature of the change. ▶

G List all dates you entered and left the United States during 2017. See instructions.

Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, **check the box for Canada or Mexico** and skip to item H ☐ Canada ☐ Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2015 358 , 2016 366 , and 2017 365 .

I Did you file a U.S. income tax return for any prior year? ☒ **Yes** ☐ **No**

If "Yes," give the latest year and form number you filed ▶ 2016 1040NR

J Are you filing a return for a trust? ☐ **Yes** ☒ **No**

If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? ☐ **Yes** ☐ **No**

K Did you receive total compensation of $250,000 or more during the tax year? ☐ **Yes** ☒ **No**

If "Yes," did you use an alternative method to determine the source of this compensation? ☐ **Yes** ☐ **No**

L Income Exempt from Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

(a) Country	**(b)** Tax treaty article	**(c)** Number of months claimed in prior tax years	**(d)** Amount of exempt income in current tax year
(e) Total. Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12			

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? ☐ **Yes** ☒ **No**

3. Are you claiming treaty benefits pursuant to a Competent Authority determination? ☐ **Yes** ☒ **No**

If "Yes," attach a copy of the Competent Authority determination letter to your return.

IRS *e-file* Authentication Statement 2017

► Keep for your records

Name(s) Shown on Return	Social Security Number
ANEESH REDDY KETHI REDDY	645-81-8640

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 . . . . ►

Taxpayer entered PIN . . . . ► [ ]
ERO entered Taxpayer's PIN . . . . ► X

B — Signature of Electronic Return Originator

ERO Declaration:
I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

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

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

C — Signature of Taxpayer/Spouse

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) 18640
Date 03/01/2018

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 ________

Nonresident Alien Information Worksheet 2017

► Keep for your records

QuickZoom to Form 1040NR . . . . ►
QuickZoom to Client Status . . . . ►

Part I — Personal Information

Last name . . . . . . KETHI REDDY
Middle initial . . . .
First name . . . . . . ANEESH REDDY
Suffix . . . .
Social security number 645-81-8640
Occupation (in the U.S.) . . SOFTWARE ENGINEER
Date of birth (mm/dd/yyyy) . . 10/25/1990
or age as of 1-1-2018 27
Work phone . . . .
Home phone . . . .
Extension . . . .
E-mail address . . . . ANEESHKQA@GMAIL.COM
Cell phone . . . . (210)702-9775
Foreign phone . . . .
Fax number . . . .

Country of which client was a citizen or national during year . . INDIA
Check this box if your client is a resident of the Republic of Korea (ROK) . . . . ► ☐

Best contact phone number . . . . Taxpayer cell phone (210)702-9775

Present home address:

US Address:
Address . . . . . 16980 SW STEELE WAY Apt no. . .
City . . . . BEAVERTON State . . . . OR U.S. ZIP code . . . 97006

Foreign Address: Check this box to use foreign address . . ► ☐
Address . . . . . Apt no. . .
City . . . .
Country code . . Country . . . .
Province/county . . . . Postal Code . . . .

Address **outside the United States** to which any refund check should be mailed, if different from the present home address above.
Address . . . .
City . . . . Province . . .
Country code . Postal Code .

If filing Form 8840 or Form 8843 by itself, give address in the country where client is a **permanent resident**. If same as present home address, write 'Same'.

Part II — Federal Filing Status

Check the box for filing status:

1 ☐ Single resident of Canada or Mexico, or a single U.S. national

2 ☒ Other single nonresident alien

3 ☐ Married resident of Canada or Mexico, or a married U.S. national

4 ☐ Married resident of the Republic of Korea

5 ☐ Other married nonresident alien

6 ☐ Qualifying widow(er) with dependent child
Check the appropriate box for the year the 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 . . .

If filing status is married:
...check this box to take an exemption for the client's spouse (only if spouse had no U.S. gross income) . . ► ☐
spouse's SSN

...check this box if client **did not** live with spouse at any time during the year . . . . ► ☐

Check this box if client is eligible for benefits of Article 21(2) of U.S. — India Income Tax Treaty . . . . . . ► ☒

Identity Verification Worksheet 2017

►See tax help for more information on identity verification

Name(s) Shown on Return	Social Security Number
ANEESH REDDY KETHI REDDY	645-81-8640

Taxpayer's Driver's License Detail (Spouse not required for 1040NR)

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

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

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

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

☐ Taxpayer **Note:** Alabama does not allow this option

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

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

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:		**Spouse:**	
Issuing state	CO	Issuing state	
License number	15-100-1137	License number	
Issue date	04/22/2015	Issue date	
Expiration date	04/22/2018	Expiration date	
Does not expire	☐	Does not expire	☐
NY Document number (first 3 chars)*		NY Document number (first 3 chars)*	

State Identification Card Detail

Taxpayer:		**Spouse:**	
Issuing state		Issuing state	
Identification number		Identification number	
Issue date		Issue date	
Expiration date		Expiration date	
Does not expire	☐	Does not expire	☐
NY Document number (first 3 chars)*		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:

X	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	Social Security Number
ANEESH REDDY KETHI REDDY	645-81-8640

Payment by Check (Form 1040-V) – Federal Balance Due
Electronic Return Originator Information

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

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

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

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

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC
Social Security Number or PTIN: P02090332
Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR
Employer Identification Number: 30-1017196
Address: 2530 Pebble Creek Ln
Phone Number: (678)965-9729
Fax Number:
City: Cumming State: GA ZIP Code: 30041
Country:
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 *
☐	
☐	
☐	
☐	
☐	

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 . . . . ►	☐	☐
Form 3468, Historic Structure Certificate . . . . ►	☐	☐
Form 4136, Credit for Federal Tax Paid on Fuels . . . . ►	☐	☐
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser) . . . . ►	☐	☐
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . ►	☐	☐
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc . . . ►	☐	☐
Form 8885, Health Coverage Tax Credit . . . . ►	☐	☐
Form 8949. Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . ►	☐	☐
Form 3115, Change in Accounting Method . . . . ►	☐	☐

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

Form 1040

Forms W-2 & W-2G Summary

2017

► Keep for your records

Name(s) Shown on Return: ANEESH REDDY KETHI REDDY

Social Security Number: 645-81-8640

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
COLLABERA INC		4,411.	538.	4,411.	119.
Totals		4,411.	538.	4,411.	119.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C	4,411.		4,411.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages			
	Unreported tips	0.		0.
2	Total federal tax withheld	538.		538.
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14			
16	Total state wages and tips	4,411.		4,411.
17	Total state tax withheld	119.		119.
19	Total local tax withheld	104.		104.

Forms W-2 & W-2G Summary

► Keep for your records

ANEESH REDDY KETHI REDDY | 645-81-8640 |

Form W-2G Payer	SP	Winnings	Federal Tax	State Tax	Local Tax
Totals					

Form W-2G Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total reportable winnings			
4	Total federal tax withheld			
15	Total state tax withheld			
17	Total local tax withheld			

Form 1040

Form W-2 Worksheet

2017

► Keep for your records

Name as shown on return	Social Security Number
ANEESH REDDY KETHI REDDY	645-81-8640

Employer EIN 22-3093525
Employer Name . . . . COLLABERA INC
Name (cont.)
Street Address or P. O. Box 110 ALLEN ROAD
City . BASKING RIDGE State NJ ZIP 07920
Foreign Province/County . . .
Foreign Postal Code . . . . .
Foreign Country . . . .

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

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

1	Wages, tips, other comp . .	4,411.	**2**	Federal tax withheld	538.
3	Social security wages		**4**	Social sec tax withheld	
5	Medicare wages and tips . .		**6**	Medicare tax withheld	
7	Social security tips.		**8**	Allocated tips	

13 b ☐ Retirement plan
☐ 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: ☐ 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
OR	52-4383890	4,411.	119.

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
01-COLUM	4,411.	104.	OR

9	Verification Code.	**9**	31cb-bb53-c7f9-4312
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).

Form 1040 — **Form W-2 Worksheet Additional Information** — **2017**

► Keep for your records

ANEESH REDDY KETHI REDDY | 645-81-8640 | Page **2**

Employer Name . . . . COLLABERA 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

I 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. 645-81-8640

First name	M.I.	Last name	Suff.
ANEESH REDDY		KETHI REDDY	

Address	City	St	ZIP code
16980 SW STEELE WAY	BEAVERTON	OR	97006

Foreign Province/County	Foreign Postal Code

Foreign Country

Tax Payments Worksheet

2017

► Keep for your records

Name(s) Shown on Return	Social Security Number
ANEESH REDDY KETHI REDDY	645-81-8640

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	538.	119.	104.
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 . . . . St Loc			
18 a Other withholding . . . . St Loc			
b Other withholding . . . . St Loc			
c Other withholding . . . . St Loc			
d Additional Medicare Tax.			
e Form 8288-A and Form 8805			
19 **Total Withholding** Lines 10 through 18e	538.	119.	104.
20 **Total Tax Payments for 2017**	538.	119.	104.

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) . .				

Federal Carryover Worksheet 2017

► Keep for your records

Name(s) Shown on Return	Social Security Number
ANEESH REDDY KETHI REDDY	645-81-8640

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

ANEESH REDDY KETHI REDDY 645-81-8640

Other Tax and Income Information		2016	2017
1 Filing status	1		1 Single
2 Number of exemptions for blind or over 65 (0 - 4)	2		
3 Itemized deductions	3		223.
4 Check box if required to itemize deductions	4	☐	☐
5 Adjusted gross income	5		4,411.
6 Tax liability for Form 2210 or Form 2210-F	6		
7 Alternative minimum tax	7		0.
8 Federal overpayment applied to next year estimated tax	8		

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	9 a		
b Spouse's excess Archer MSA contributions as of 12/31	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a Taxpayer's excess HSA contributions as of 12/31	11 a		
b Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers Note: Enter all entries as a positive amount		2016	2017
12 a Short-term capital loss	12 a		
b AMT Short-term capital loss	b		
13 a Long-term capital loss	13 a		
b AMT Long-term capital loss	b		
14 a Net operating loss available to carry forward	14 a		
b AMT Net operating loss available to carry forward	b		
15 a Investment interest expense disallowed	15 a		
b AMT Investment interest expense disallowed	b		
16 Nonrecaptured net Section 1231 losses from: a 2017	16 a		
b 2016	b		
c 2015	c		
d 2014	d		
e 2013	e		
f 2012	f		
17 AMT Nonrecap'd net Sec 1231 losses from: a 2017	17 a		
b 2016	b		
c 2015	c		
d 2014	d		
e 2013	e		
f 2012	f		

ANEESH REDDY KETHI REDDY 645-81-8640

Credit Carryovers			2016	2017
18	General business credit	18		
19	Adoption credit from: a 2017	19a		
	b 2016	b		
	c 2015	c		
	d 2014	d		
	e 2013	e		
	f 2012	f		
20	Mortgage interest credit from: a 2017	20a		
	b 2016	b		
	c 2015	c		
	d 2014	d		
21	Credit for prior year minimum tax	21		
22	District of Columbia first-time homebuyer credit	22		
23	Residential energy efficient property credit	23		

Other Carryovers			2016	2017
24	Section 179 expense deduction disallowed	24		
25	Excess foreign housing deduction: a Taxpayer (Form 2555, line 46)	25a		
	b Taxpayer (Form 2555, line 48)	b		
	c Spouse (Form 2555, line 46)	c		
	d Spouse (Form 2555, line 48)	d		

Charitable Contribution Carryovers

26 **2016** Carryover of charitable contributions from:	Other Property		Capital Gain	
	(a) 50%	**(b)** 30%	**(c)** 30%	**(d)** 20%
a 2016				
b 2015				
c 2014				
d 2013				
e 2012				

27 **2017** Carryover of charitable contributions from:	Other Property		Capital Gain	
	(a) 50%	**(b)** 30%	**(c)** 30%	**(d)** 20%
a 2017				
b 2016				
c 2015				
d 2014				
e 2013				

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

Students/Business Apprentices from India Smart Worksheet

Use this worksheet if your client is a student or business apprentice from India who is eligible for the benefits of Article 21(2) of the United States – India Income Tax Treaty.

A	Standard deduction allowed under United States – India Income Tax Treaty	6,350.
B	Net Qualified Disaster Loss	
C	Standard deduction claimed with Qualified Disaster Loss	6,350.

Note: If your client is married and the spouse itemizes deductions on a separate return **do not** enter an amount on line **A** above.

SMART WORKSHEET FOR: U.S. Nonresident Alien Income Tax Return (Copy 1)

Tax Smart Worksheet

A	Tax	0.
	Check if from:	
1	Tax Table	X
2	Tax Computation Worksheet (see instructions)	
3	Schedule D Tax Worksheet	
4	Qualified Dividends and Capital Gain Tax Worksheet	
5	Schedule J	
6	Form 8615	
B	Additional tax from Form 8814	
C	Additional tax from Form 4972	
D	Tax from additional Form(s) 4972	
E	IRC Section 197(f)(9)(B)(ii) election for an additional tax	
F	Health Coverage Tax Credit Recovery, Form 8885, Line 5 Negative Amount	
G	**Tax**. Add lines A through F. Enter the result here and on line **42**	0.