

# 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](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ►

Taxpayer's name <b>GANGA RAO AKULA</b>	Social security number <b>814-21-0743</b>
Spouse's name	Spouse's social security number

### Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	101,158.
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	13,633.
<b>3</b> 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) . . . . .	<b>3</b>	19,374.
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	5,741.
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

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

1	0	7	4	3
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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 \_\_\_\_\_ to enter or generate my PIN 

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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					
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**Don't enter all zeros**

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

ERO's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

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

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

Your first name and initial: **GANGA RAO** Last name: **AKULA** Your social security number: **814-21-0743**

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

Home address (number and street). If you have a P.O. box, see instructions. **9803 MAHOGANY DR** Apt. no. **104**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **GAITHERSBURG MD 20878**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**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.  You  Spouse

**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 . . . . .

**Boxes checked on 6a and 6b** **1**

**No. of children on 6c who:**

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

**Dependents on 6c not entered above** \_\_\_\_\_

**Add numbers on lines above** **1**

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed . . . . .

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . **7** **103,158.**

8a Taxable interest. Attach Schedule B if required . . . . . **8a**

b Tax-exempt interest. Do not include on line 8a . . . . . **8b**

9a Ordinary dividends. Attach Schedule B if required . . . . . **9a**

b Qualified dividends . . . . . **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes . . . . . **10**

11 Alimony received . . . . . **11**

12 Business income or (loss). Attach Schedule C or C-EZ . . . . . **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶  **13**

14 Other gains or (losses). Attach Form 4797 . . . . . **14**

15a IRA distributions . . . . . **15a** **15b** Taxable amount . . . . . **15b**

16a Pensions and annuities . . . . . **16a** **16b** 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** **20b** 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** **103,158.**

**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**

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 **31a** **b** Recipient's SSN ▶ \_\_\_\_\_

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** **2,000.**

37 Subtract line 36 from line 22. This is your adjusted gross income . . . . . ▶ **37** **101,158.**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	101,158.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>checked ▶ 39a</b> <input type="checkbox"/>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	25,548.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	75,610.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,050.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	71,560.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	13,633.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	13,633.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	13,633.
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	13,633.
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	19,374.
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b> NO	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	19,374.
<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	5,741.
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	5,741.
<b>b</b>	Routing number 1 1 1 0 0 0 0 2 5 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 4 8 8 0 3 3 1 8 4 9 3 9		
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

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

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

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

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

**Paid Preparer Use Only**

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 06/05/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196		Phone no. (678)965-9729	
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041				

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://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

GANGA RAO AKULA

814-21-0743

**Medical and Dental Expenses**

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

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

**Taxes You Paid**

<b>5</b>	State and local ( <b>check only one box</b> ):	<b>5</b>	
<b>a</b>	<input checked="" type="checkbox"/> Income taxes, or		4,543.
<b>b</b>	<input type="checkbox"/> General sales taxes		
<b>6</b>	Real estate taxes (see instructions) . . . . .	<b>6</b>	
<b>7</b>	Personal property taxes . . . . .	<b>7</b>	
<b>8</b>	Other taxes. List type and amount ▶	<b>8</b>	
<b>9</b>	Add lines 5 through 8 . . . . .	<b>9</b>	4,543.

**Interest You Paid**

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

<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>	
<b>11</b>	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 ▶	<b>11</b>	
<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>	
<b>13</b>	Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>	
<b>14</b>	Investment interest. Attach Form 4952 if required. See instructions	<b>14</b>	
<b>15</b>	Add lines 10 through 14 . . . . .	<b>15</b>	

**Gifts to Charity**

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

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

**Casualty and Theft Losses**

<b>20</b>	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 . . . . .	<b>20</b>	
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**Job Expenses and Certain Miscellaneous Deductions**

<b>21</b>	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> . . . . .	<b>21</b>	23,028.
<b>22</b>	Tax preparation fees . . . . .	<b>22</b>	
<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ▶	<b>23</b>	
<b>24</b>	Add lines 21 through 23 . . . . .	<b>24</b>	23,028.
<b>25</b>	Enter amount from Form 1040, line 38 <b>25</b> 101,158.		
<b>26</b>	Multiply line 25 by 2% (0.02) . . . . .	<b>26</b>	2,023.
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	<b>27</b>	21,005.

**Other Miscellaneous Deductions**

<b>28</b>	Other—from list in instructions. List type and amount ▶	<b>28</b>	
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**Total Itemized Deductions**

<b>29</b>	Is Form 1040, line 38, over \$156,900?	<b>29</b>	
	<input checked="" type="checkbox"/> <b>No.</b> 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.		25,548.
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .		<input type="checkbox"/>

**Unreimbursed Employee Business Expenses**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/Form2106EZ](http://www.irs.gov/Form2106EZ) for the latest information.**

Your name <b>GANGA RAO AKULA</b>	Occupation in which you incurred expenses <b>SOFTWARE ENGINEER</b>	Social security number <b>814-21-0743</b>
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**You Can Use This Form Only if All of the Following Apply.**

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

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

**Part I Figure Your Expenses**

<b>1</b> Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here . . . . .	<b>1</b>	2,568.
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .	<b>3</b>	16,800.
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b>	1,260.
<b>5</b> 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.)	<b>5</b>	2,400.
<b>6 Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (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.) . . . . .	<b>6</b>	23,028.

**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](http://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

GANGA RAO AKULA

Your social security number

814-21-0743

**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.

<b>1</b> Transportation and storage of household goods and personal effects (see instructions) . . .	<b>1</b>	1,500.
<b>2</b> Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . .	<b>2</b>	500.
<b>3</b> Add lines 1 and 2 . . .	<b>3</b>	2,000.
<b>4</b> Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> 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 <b>P</b> . . .	<b>4</b>	
<b>5</b> Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> 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"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . .	<b>5</b>	2,000.

**For Paperwork Reduction Act Notice, see your tax return instructions. BAA**

REV 11/13/17 PRO

Form **3903** (2017)

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

GANGA RAO AKULA

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					Single
Total income . . . . .					103,158.
Adjustments to income					2,000.
Adjusted gross income					101,158.
Tax expense . . . . .					4,543.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					21,005.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					25,548.
Exemption amount . .					4,050.
Taxable income . . . .					71,560.
Tax . . . . .					13,633.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					19,374.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					5,741.
Effective tax rate % . .					13.48
**Tax bracket % . . . .					25.0

\*\*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 (GANGA RAO AKULA) and Social Security Number (814-21-0743)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

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

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) . . . . . 10743 Spouse's PIN (5 numbers) . . . . . Date . . . . . 04/02/2018

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 . . . . . AKULA  
 First name . . . . . GANGA RAO  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 8T4-21-0743  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 04/17/1989 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 28  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . GANGA.AKULA17@GMAIL.COM  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (214)960-8773  
 Home phone . . . . . \_\_\_\_\_  
 Fax number . . . . . \_\_\_\_\_

### Spouse:

Last name (if different) . . . . . \_\_\_\_\_  
 First name . . . . . \_\_\_\_\_  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . \_\_\_\_\_  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . \_\_\_\_\_  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . \_\_\_\_\_

**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (214)960-8773  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 9803 MAHOGANY DR Apt no. . . . . 104  
 City . . . . . GAITHERSBURG State . . . . . MD ZIP code . . . . . 20878

**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  Code	Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		

\* **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

# Student Information Worksheet

2017

▶ Keep for your records

Name of Student GANGA RAO AKULA	Social Security Number 814-21-0743
------------------------------------	---------------------------------------

## Part I – Student Status

- 1 Was this person a student during 2017? . . . . .  Yes  No
- 2 What kind of school did the student attend during 2017? (Check all that apply.)
- a  Elementary                      c  College (postsecondary)                      e  Military academy
- b  High school (secondary)                      d  Vocational school                      f  Not applicable

## Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2017? . . . . .  Yes  No  NA
- 2 Was this student enrolled at an eligible education institution during 2017? . . . . .  Yes  No  NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . .  Yes  No  NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . .  Yes  No  NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . .  Yes  No  NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . .  Yes  No  NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . .  Yes  No  NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ▶ \_\_\_\_\_
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ▶ \_\_\_\_\_

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? . . . . .  Yes  No  
Did not take at least half-time workload  
Income exceeds \$90,000
- 2 Is this student qualified for the Lifetime Learning Credit? . . . . .  Yes  No  
Income exceeds \$66,000
- 3 Is this student qualified for the Tuition and Fees Deduction? . . . . .  Yes  No  
Income exceeds \$80,000

## Part IV – Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	Received 2016 1098T with Box 2 filled and box 7 checked? <input checked="" type="checkbox"/>
HARRISBURG UNIVERSITY OF SCIENCE & T 25-1900793	326 MARKET STREET HARRISBURG PA 17101	10,600.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals . . . . .		10,600.			

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . .  Yes  No



**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome . . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q . . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to QTP distributions . . . . .	
4	Excess distributions. Subtract line 3 from line 1. . . . . If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2 . . . . .	
6	Fraction. Divide line 3 by line 1. . . . .	
7	Multiply line 5 by line 6. . . . .	
8	Earnings taxable to recipient. Subtract line 7 from line 5. . . . .	

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses . . . . .	
3	Qualified Elementary and Secondary Education Expenses applied . . . . .	
4	Subtract line 3 from line 1. . . . .	
5	Adjusted Qualified Higher Education Expenses . . . . .	
6	Qualified Higher Education Expenses applied to ESA distributions . . . . .	
7	Excess distributions. Subtract line 6 from line 4. . . . .	
8	Distributions taxable to recipient . . . . .	

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2017 for this student . . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	
4	Interest included in line 1 . . . . .	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City State Zip Code	City State Zip Code

## Identity Verification Worksheet

**2017**

▶ See tax help for more information on identity verification

Name(s) Shown on Return <u>GANGA RAO AKULA</u>	Social Security Number <u>814-21-0743</u>
---	--

### 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 . . . . . TX  
 License number . . . . . 34633626  
 Issue date . . . . . 08/25/2017  
 Expiration date . . . . . 09/18/2019  
 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: GANGA RAO AKULA; Social Security Number: 814-21-0743

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

Table with columns for State/City selection and checkboxes. Includes New York and 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".

Table with 3 columns: Check the applicable box(es) on forms to be attached and mail with form 8453, Transmit PDF, Print & Mail with 8453. Rows include Form 2848, Form 3468, Form 4136, Form 8283, Form 1098-C, Form 8332, Form 8885, Form 8949, Form 3115.

Table with 3 columns: 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. Rows include Form 5713, Form 8858, Form 8864.



► Keep for your records

Name(s) Shown on Return GANGA RAO AKULA	Social Security Number 814-21-0743
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
VISAM TECHNOLOGIES INC		103,158.	19,374.	103,158.	4,543.
<b>Totals</b> . . . . .		103,158.	19,374.	103,158.	4,543.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	103,158.		103,158.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	19,374.		19,374.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	103,158.		103,158.
<b>4</b>	Total social security tax withheld . . . . .	6,396.		6,396.
<b>5</b>	Total Medicare wages and tips . . . . .	103,158.		103,158.
<b>6</b>	Total Medicare tax withheld . . . . .	1,496.		1,496.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	Total deductible employee expenses . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	103,158.		103,158.
<b>17</b>	Total state tax withheld . . . . .	4,543.		4,543.
<b>19</b>	Total local tax withheld. . . . .			

► Keep for your records

Name as shown on return GANGA RAO AKULA	Social Security Number 814-21-0743
--	---------------------------------------

**Employer EIN** . . . . . 20-8909882  
**Employer Name** . . . . . VISAM TECHNOLOGIES INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 2601 NETWORK BLVD STE 406  
**City** FRISCO **State** TX **ZIP** 75034  
**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.

<b>1</b> Wages, tips, other comp . . . . .	103,158.	<b>2</b> Federal tax withheld . . . . .	19,374.
<b>3</b> Social security wages . . . . .	103,158.	<b>4</b> Social sec tax withheld . . . . .	6,396.
<b>5</b> Medicare wages and tips . . . . .	103,158.	<b>6</b> Medicare tax withheld . . . . .	1,496.
<b>7</b> Social security tips . . . . .		<b>8</b> 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 <b>not</b> 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
MD	16141920	103,158.	4,543.
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>9</b> Verification Code . . . . .		<b>9</b> d8cf-bff2-28e9-8a77
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>		<b>10</b> _____
Dependent care benefits - Amount forfeited from flexible spending account . . . . .		_____
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		<b>11</b> _____

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

GANGA RAO AKULA

814-21-0743 Page 2

Employer Name . . . . . VISAM TECHNOLOGIES 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. . . . . 814-21-0743
First name M.I. Last name Suff.
GANGA RAO AKULA
Address City St ZIP code
9803 MAHOGANY DR, Apt. 104 GAITHERSBURG MD 20878
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. . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return GANGA RAO AKULA	Social Security Number 814-21-0743
--	---------------------------------------

**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								
<b>Tot Estimated Payments . . .</b>								

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 <b>Totals</b> Lines 1 through 7 . . . . .					
9 2017 extensions . . . . .					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	19,374.	4,543.	
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 <b>Total Withholding</b> Lines 10 through 18d . . . . .	19,374.	4,543.	
20 <b>Total Tax Payments for 2017</b> . . . . .	19,374.	4,543.	

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) . . . . .				

**Earned Income Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return GANGA RAO AKULA	Social Security Number 814-21-0743
--	---------------------------------------

<b>Part I – Earned Income Credit Wks Computation</b>	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>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 . . . . .</b>	_____	_____	_____
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	_____	_____	_____

**Part II – Form 2441 and Standard Deduction Worksheet Computations**

5 Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	103,158.	_____	103,158.
7 <b>a</b> Taxable employer-provided adoption benefits. . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	103,158.	_____	103,158.
9 <b>a</b> Taxable dependent care benefits. . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	103,158.	_____	103,158.
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 . . . . .	103,158.	_____	103,158.

**Part III – IRA Deduction Worksheet Computation**

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	103,158.	_____	103,158.
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. . . . .	103,158.	_____	103,158.

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

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	103,158.	_____	103,158.
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	103,158.	_____	103,158.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return GANGA RAO AKULA	Social Security Number 814-21-0743
--	---------------------------------------

**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
<b>Totals . .</b>						

**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 . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		25,548.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		101,158.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		13,633.
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

GANGA RAO AKULA

Filing status . . . . . Single

Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	103,158.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	_____
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	<b>103,158.</b>

**Adjustments to Income** . . . . . 2,000.

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . 101,158.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	4,543.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	21,005.
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	<b>25,548.</b>
Standard deduction . . . . .	_____
Exemption amount . . . . .	4,050.

**Taxable Income** . . . . . 71,560.

Income tax . . . . .	13,633.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	<b>13,633.</b>
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 13,633.

Withholding . . . . .	19,374.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	<b>19,374.</b>
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 5,741.

**Refund** . . . . . 5,741.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	25.0 %
Effective tax rate . . . . .	13.48 %

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>13,633.</u>
Check if from:	
<b>1</b>	Tax table . . . . . <input checked="" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>13,633.</u>



SMART WORKSHEET FOR: Form 3903 : Moving Expenses

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

**502  
DEP  
2018**

**PERSONAL DECLARATION  
OF ESTIMATED INCOME TAX**



18502P013

814 21 0743

YOUR SOCIAL SECURITY NUMBER (**Required**)

AKUL 2018

SPOUSE'S SOCIAL SECURITY NUMBER (**Required if applicable**)

GANGA RAO AKULA

9803 MAHOGANY DR  
UNIT 104

GAITHERSBURG, MD 20878

1. Return by **04 17 2018**
2. Make checks payable to  
COMPTROLLER OF MARYLAND - EST
3. DO NOT STAPLE PAYMENT TO FORM.
4. Using **BLACK PEN** print **AMOUNT OF THIS PAYMENT** in field below.

\$ \_\_\_\_\_ **568** 00

**502  
DEP  
2018**

**PERSONAL DECLARATION  
OF ESTIMATED INCOME TAX**



18502P013

814 21 0743

YOUR SOCIAL SECURITY NUMBER (**Required**)

AKUL 2018

SPOUSE'S SOCIAL SECURITY NUMBER (**Required if applicable**)

GANGA RAO AKULA

9803 MAHOGANY DR  
UNIT 104

GAITHERSBURG, MD 20878

1. Return by **06 15 2018**
2. Make checks payable to  
COMPTROLLER OF MARYLAND - EST
3. DO NOT STAPLE PAYMENT TO FORM.
4. Using **BLACK PEN** print **AMOUNT OF THIS PAYMENT** in field below.

\$ \_\_\_\_\_ **568** 00

**502  
DEP  
2018**

**PERSONAL DECLARATION  
OF ESTIMATED INCOME TAX**



18502P013

814 21 0743

YOUR SOCIAL SECURITY NUMBER (**Required**)

AKUL 2018

SPOUSE'S SOCIAL SECURITY NUMBER (**Required if applicable**)

GANGA RAO AKULA

9803 MAHOGANY DR  
UNIT 104

GAITHERSBURG, MD 20878

1. Return by **09 17 2018**
2. Make checks payable to  
COMPTROLLER OF MARYLAND - EST
3. DO NOT STAPLE PAYMENT TO FORM.
4. Using **BLACK PEN** print **AMOUNT OF THIS PAYMENT** in field below.

\$ \_\_\_\_\_ **568** 00

**502  
DEP  
2018**

**PERSONAL DECLARATION  
OF ESTIMATED INCOME TAX**



18502P013

814 21 0743

YOUR SOCIAL SECURITY NUMBER (**Required**)

AKUL 2018

SPOUSE'S SOCIAL SECURITY NUMBER (**Required if applicable**)

GANGA RAO AKULA

9803 MAHOGANY DR  
UNIT 104

GAITHERSBURG, MD 20878

1. Return by **01 15 2019**
2. Make checks payable to  
COMPTROLLER OF MARYLAND - EST
3. DO NOT STAPLE PAYMENT TO FORM.
4. Using **BLACK PEN** print **AMOUNT OF THIS PAYMENT** in field below.

\$ \_\_\_\_\_ **568** 00





171010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions on Page 2.

Print Using Blue or Black Ink Only.

GANGA RAO AKULA 814210743
First Name Initial Last Name SSN/Taxpayer Identification Number
Spouse's First Name Initial Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2018 estimated tax
2. Amount of overpayment to be refunded to you REFUND
3. Total amount due (Pay in full by April 15, 2018. See instructions.) 1651

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2017 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 10743 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.

Your signature Date

Spouse's PIN: check one box only

[ ] I authorize to enter or generate my PIN 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.

Spouse's signature Date

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 587278

I certify this numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 06052018

DO NOT MAIL



175020013

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2017, ENDING \_\_\_\_\_

814210743

Your Social Security Number Spouse's Social Security Number

GANGA RAO

Your First Name Initial

AKULA

Your Last Name

Spouse's First Name Initial

Spouse's Last Name

9803 MAHOGANY DR

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

104

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

GAITHERSBURG

City or Town

MD

State

20878

ZIP Code



Print Using Blue or Black Ink Only

REQUIRED: Physical address as of December 31, 2017 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1600

4 Digit Political Subdivision Code (See Instruction 6)

MONTGOMERY

Maryland Political Subdivision (See Instruction 6)

9803 MAHOGANY DR

Physical Street Address Line 1 (Street No. and Street Name) (No PO Box)

104

Physical Street Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

GAITHERSBURG

City

MD

State

20878

ZIP Code

MONTGOMERY

Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [ ] Married filing joint return or spouse had no income
3. [ ] Married filing separately, Spouse SSN
4. [ ] Head of household
5. [ ] Qualifying widow(er) with dependent child
6. [ ] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO

Other state of residence:

If you began or ended legal residence in Maryland in 2017 place a P in the box.

MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here:

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

- A. [X] Yourself [ ] Spouse . . . . Enter number checked [1] See Instruction 10 A. \$ 1600
B. [ ] 65 or over [ ] 65 or over
[ ] Blind [ ] Blind . . . . . Enter number checked [ ] X \$1,000 . . . . . B. \$
C. Enter number from line 3 of Dependent Form 502B . . . . . [ ] See Instruction 10 C. \$
D. Enter Total Exemptions (Add A, B and C.) . . . . . [1] Total Amount . . . D. \$ 1600

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form IND PV.



175020113

NAME GANGA RAO AKULA SSN 814210743

<b>INCOME</b> See Instruction 11.	1. Adjusted gross income from your federal return . . . . .	▶ 1.	<u>101158</u>
	1a. Wages, salaries and/or tips . . . . .	▶ 1a.	<u>103158</u>
	1b. Earned income . . . . .	▶ 1b.	_____
	1c. Capital Gain or (loss) . . . . .	▶ 1c.	_____
	1d. Taxable Pension, IRA, Annuities ( <b>Attach Form 502R.</b> ) . . . . .	▶ 1d.	_____
<b>1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,450 . . . . .</b> ▶ <input type="checkbox"/>			
<b>ADDITIONS TO INCOME</b> See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . .	▶ 2.	_____
	3. State retirement pickup . . . . .	▶ 3.	_____
	4. Lump sum distributions (from worksheet in Instruction 12.) . . . . .	▶ 4.	_____
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ _____	▶ 5.	_____
	6. Total additions to Maryland income (Add lines 2 through 5.) . . . . .	▶ 6.	_____
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . .	▶ 7.	<u>101158</u>
	<b>SUBTRACTIONS FROM INCOME</b> See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . .	▶ 8.
9. Child and dependent care expenses . . . . .		▶ 9.	_____
10. Pension exclusion from worksheet in Instruction 13 . . . . .		▶ 10.	_____
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . .		▶ 11.	_____
12. Income received during period of nonresidence (See Instruction 26.) . . . . .		▶ 12.	_____
13. Subtractions from attached Form 502SU . . . . . ▶ _____		▶ 13.	_____
14. Two-income subtraction from worksheet in Instruction 13 . . . . .		▶ 14.	_____
15. Total subtractions from Maryland income (Add lines 8 through 14.) . . . . .		▶ 15.	_____
16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . .		▶ 16.	<u>101158</u>
<b>All taxpayers must select one method and check the appropriate box.</b>			
<b>DEDUCTION METHOD</b> See Instruction 16.	▶ <input type="checkbox"/> <b>STANDARD DEDUCTION METHOD</b> (Enter amount on line 17.)		
	▶ <input checked="" type="checkbox"/> <b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 17a and 17b.)		
	17a. Total federal itemized deductions (from line 29, federal Schedule A) . . . . .	▶ 17a.	<u>25548</u>
	17b. State and local income taxes (See Instruction 14.) . . . . .	▶ 17b.	<u>4543</u>
	Subtract line 17b from line 17a and enter amount on line 17.		
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . .	▶ 17.	<u>21005</u>	
18. Net income (Subtract line 17 from line 16.) . . . . .	▶ 18.	<u>80153</u>	
19. Exemption amount from Exemptions area (See Instruction 10.) . . . . .	▶ 19.	<u>1600</u>	
20. Taxable net income (Subtract line 19 from line 18.) . . . . .	▶ 20.	<u>78553</u>	
<b>MARYLAND TAX COMPUTATION</b>	21. <b>Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	▶ 21.	<u>3680</u>
	22. Earned income credit (½ of federal earned income credit. See Instruction 18.) . . . . .	▶ 22.	_____
	23. Poverty level credit (See Instruction 18.) . . . . .	▶ 23.	_____
	24. Other income tax credits for individuals from Part K, line 11 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . .	▶ 24.	_____
	25. Business tax credits . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>	▶ 25.	_____
	26. Total credits (Add lines 22 through 25.) . . . . .	▶ 26.	_____
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. . . . .	▶ 27.	<u>3680</u>
<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . .	▶ 28.	<u>2514</u>
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .	▶ 29.	_____
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .	▶ 30.	_____
	31. Local tax credit from Part L, line 1 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . .	▶ 31.	_____
	32. Total credits (Add lines 29 through 31.) . . . . .	▶ 32.	_____
	33. <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .	▶ 33.	<u>2514</u>
	34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	▶ 34.	<u>6194</u>
35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.) . . . . .	▶ 35.	_____	
36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.) . . . . .	▶ 36.	_____	
37. Contribution to Maryland Cancer Fund (See Instruction 20.) . . . . .	▶ 37.	_____	
38. Contribution to Fair Campaign Financing Fund (See Instruction 20.) . . . . .	▶ 38.	_____	
39. <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .	▶ 39.	<u>6194</u>	



175020213

NAME GANGA RAO AKULA SSN 814210743

Table with 2 columns: Description and Amount. Rows include 40-44 (Total Maryland and local tax withheld, 2017 estimated tax payments, Refundable earned income credit, Refundable income tax credits, Total payments and credits), 45-46 (Balance due, Overpayment), 47-49 (Amount of overpayment to be applied, Amount of overpayment to be refunded, Interest charges), and 50 (TOTAL AMOUNT DUE).

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a. Type of account: [ ] Checking [ ] Savings

51b. Routing Number (9-digits) [ ] 51c. Account Number [ ]

[ ] Daytime telephone no. [ ] Home telephone no. [ ] CODE NUMBERS (3 digits per line)

Check here [ ] if you authorize your preparer to discuss this return with us. Check here [ ] if you authorize your paid preparer not to file electronically. Check here [ ] if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ APPANA RUPA VENKATA S Signature of preparer other than taxpayer
Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_ 2530 PEBBLE CREEK LN Street address of preparer
CUMMING GA 30041 City, State, ZIP
6467277157 Telephone number of preparer 02090332 Preparer's PTIN (required by law)

For returns filed without payments, mail your completed return to: Comptroller of Maryland, Revenue Administration Division, 110 Carroll Street, Annapolis, MD 21411-0001
For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND PV with attached check/money order on TOP of Form 502 and mail to: Comptroller of Maryland, Payment Processing, PO Box 8888, Annapolis, MD 21401-8888

MARYLAND FORM IND PV

PAYMENT VOUCHER



17502M013

2017

IMPORTANT:

Review the instructions before completing this form. This form should only be submitted with payments from Form 502 or Form 505.

Print Using Blue or Black Ink Only.



1. 814210743 Your Social Security Number

2. If Joint Return, Spouse's Social Security Number

3. AKULA GANGA RAO Your Last Name Your First Name MI

4. If Joint Return, Spouse's Last Name Spouse's First Name MI

5. 9803 MAHOGANY DR Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

6. 104 Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

7. GAITHERSBURG MD 20878 City or Town State ZIP Code

8. If you electronically filed your tax return, enter an "E" on Line 8. If you filed a paper tax return, enter a "P" on Line 8. 8. E

9. If you filed your taxes using Form 502, enter "502" on Line 9. If you filed your taxes using Form 505, enter "505" on Line 9. Use a separate Form IND PV for each type of tax return filed 9. 502

10. Amount Paid By Check or Money Order 10. \$ 1651.00

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.

INSTRUCTIONS

The Form IND PV is a payment voucher you will send with your check or money order for any balance due on the "Total Amount Due" line of your 2017 Form 502 or 2017 Form 505. If you are paying electronically (not sending a check or money order) for your balance due, you do not need to complete this form.

Note: If your paper or electronic tax return has a balance due, you may pay electronically at www.marylandtaxes.gov by selecting Bill Pay. The amount that you designate will be debited from your bank or financial institution on the date that you choose.

Specific Instructions

- Line 1 Enter your Social Security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.
Line 2 If you are filing a joint return, enter the spouse's SSN shown second on your return.
Line 3 Enter your name as shown on your return. Print clearly.
Line 4 Enter your spouse's name as shown on your return. Print clearly.
Line 5 Enter street number and street name. If using a PO Box address, enter "PO Box" and the PO Box number.
Line 6 If applicable, enter floor, suite, or apartment number for current mailing address. If address is PO Box, leave blank.

Line 7 Enter City or Town, State and ZIP Code. If using a foreign address, enter the city or town and state or province on the "City or Town" line. Enter the name of the country on the "State" line. Enter the postal code on the "ZIP Code" line.

Line 10 Enter the amount you are paying by check or money order.

Payment Instructions

- Make your check or money order payable to "Comptroller of Maryland."
Use blue or black ink only.
Write the type of tax and year of tax being paid on your check. It is recommended that you include your Social Security number on your check.
DO NOT SEND CASH.

Mailing Instructions

- Attach check or money order to Form IND PV.
Do not attach Form IND PV and check/money order to Form 502 or Form 505.
If mailing Form IND PV with Form 502 or 505, place Form IND PV with attached check/money order on top of Form 502 or Form 505.

Mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888

Maryland Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . GANGA RAO
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . AKULA
Social Security No. . . . . 814-21-0743

65/Over . . [ ] Blind . . [ ] Disabled . . [ ]

Daytime Phone . . . . . \* [ ]
Home Phone . . . . . \* [ ]

\* Check these boxes to print daytime and/or home phone numbers on the government forms.

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . . . .

65/Over . . [ ] Blind . . [ ] Disabled . . [ ]

Daytime Phone . . . . . \* [ ]

Street Address . . . . . 9803 MAHOGANY DR Apt Number . . . . . 104
City or Town . . . . . GAITHERSBURG
State . . . . . MD ZIP Code . . . . . 20878
Foreign Code . . . . . Foreign Country . . . . . Foreign Zip Code . . . . .

Locality Information:

Maryland county (Baltimore City residents leave blank.) . . . . . MONTGOMERY
City, town or taxing area (If not listed, leave blank.) . . . . .
Local tax rate . . . . . 0.0320

If taxpayer and spouse taxing areas are different, check the '2 tax areas' box and enter the Maryland county for taxpayer and spouse. Enter BCITY if taxing area is Baltimore City.

[ ] 2 tax areas
Taxpayer . . . . .
Spouse . . . . .

Physical address as of December 31, 2017 (Maryland residents and part-year residents only)

4 Digit Political Subdivision Code
1600
Physical Street Address Line 1 (Street No. and Name) (No PO Box)
9803 MAHOGANY DR
Physical Street Address Line 2 (Apt. No., Ste No., etc.) (No PO Box)
104 City or Town
GAITHERSBURG State
MD ZIP Code
20878

Check to confirm address information is correct . . . . . [X]

Part II - Main Form

[X] Form 502: Resident Tax Return (Long form) . . . . .
[ ] Form 505: Nonresident Tax Return . . . . .

1 a State of legal residence . . . . .

Yes No

b [ ] [ ] Were you a resident of that state the entire year of 2017?

c [ ] [ ] Did you file a Maryland income tax return for 2016?

Resident Nonresident

d If Yes, was it [ ] [ ]

e Dates of Maryland residence in 2017:
from . . . . . to . . . . . Check if 'none' . . . . . [ ]

Yes No

f [ ] [ ] Are you or your spouse a member of the military?

g If Pennsylvania resident, enter Pennsylvania city . . . . .

h If Pennsylvania resident, enter Pennsylvania county . . . . .

[ ] Form 502: Part-Year Resident Tax Return . . . . .

2 a Other state of residence . . . . .
b Dates of Maryland residence . . . . . from . . . . . to . . . . .
c Number of months in residence . . . . . Taxpayer. . . . . Spouse . . . . . Average . . . . .

d If you received pension income, number of months . . . Taxpayer. \_\_\_\_ Spouse . \_\_\_\_

### Part III – Filing Status

- 1 Single (if you can be claimed on another person's return, use filing status 6)  
 2 Married filing joint return or spouse had no income  
 3 Married filing separately. Spouse's social security number . . . \_\_\_\_\_  
 4 Head of household  
 5 Qualifying widow(er) with dependent child  
 6 Dependent taxpayer

### Part IV – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing  
 2 You want the Maryland Revenue Administration Division to figure the underpayment penalty Form 502UP (see Tax Help for more information)
- Yes No**  
  3 Do you want to itemize even if itemized deductions are less than the standard deduction? \*  
  4 Do you want to take the standard deduction even if less than itemized deductions? \*
- \* Answer "Yes" to only one of questions 3 and 4 above, not both. (See Tax Help for more information.)
- 5 Enter tax liability from 2016 Form 502, line 34,  
or Form 505, line 37. (Enter '0' if no tax was owed) . . . . . 0.  
6 Enter nonresident tax paid by pass-through entities from 2016  
Form 505, line 45 . . . . . \_\_\_\_\_  
 8 You agree to receive your statement of refund (Form 1099-G) electronically (see Tax Help)

### Part V – Decedent Information

Taxpayer date of death . . . . . \_\_\_\_\_  
Spouse date of death . . . . . \_\_\_\_\_

**Taxpayer Spouse**  
  If the taxpayer or spouse is deceased, you are acting as a 'personal representative' for the deceased

Name/title of taxpayer's personal representative . . . \_\_\_\_\_  
Name/title of spouse's personal representative . . . \_\_\_\_\_

### Part VI – Military Information – Form 502

#### Taxpayer:

- Yes No**  
1 a   Active duty military?  
b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:  
1 Amount of military pay attributable to service outside the United States included in federal gross income . . . . . \_\_\_\_\_  
2 Total military pay received during the tax year . . . . . \_\_\_\_\_
- Yes No**  
c   In combat zone?  
d   Killed in action?

#### Spouse:

- Yes No**  
2 a   Active duty military?  
b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:  
1 Amount of military pay attributable to service outside the United States included in federal gross income . . . . . \_\_\_\_\_  
2 Total military pay received during the tax year . . . . . \_\_\_\_\_
- Yes No**  
c   In combat zone?  
d   Killed in action?

**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 Comptroller of Maryland, as applicable by law.*

1 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

1 Date return was E-Filed . . . . . \_\_\_\_\_

**Yes No**

2 Does taxpayer authorize paid preparer not to file Maryland return electronically?

3 Date return was accepted by the state. . . \_\_\_\_\_

4 Date Form IND PV was given to client. . . \_\_\_\_\_

**QuickZoom** to the Maryland e-file Authentication Statement. . . . . ► \_\_\_\_\_

**Part VIII – Direct Deposit Information or Electronic Funds Withdrawal**

**Yes No**

1 Do you want Direct Deposit of state tax refund?

2 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:

3 Name of Financial Institution (optional) . . . . BANK OF AMERICA

4 Checking account

5 Savings account

6 Routing number . . . . . 111000025

7 Account number . . . . . 488033184939

8 Payment date to withdraw from the account above. . . . \_\_\_\_\_

9 Balance due from return . . . . . \_\_\_\_\_

10 Amount to withdraw from the account above . . . . . \_\_\_\_\_

11 If partial payment is made, remaining balance due . . . . \_\_\_\_\_

**International ACH Transactions:**

**Yes No**

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

**Part IX – Maryland Contributions**

1 Contribution to Chesapeake Bay and Endangered Species Fund. . . . . \_\_\_\_\_

2 Contribution to Developmental Disabilities Services and Support Fund . . . . \_\_\_\_\_

3 Contribution to Maryland Cancer Fund . . . . . \_\_\_\_\_

4 Contribution to Fair Campaign Financing Fund . . . . . \_\_\_\_\_

**Part X – Paid Preparer Information**

Enter the preparer's assigned code from preparer's information menu . . . . . 1

**Yes No**



Is your preparer authorized to discuss this return with us?

**Part XI – Extension Status**

**Yes** **No**

Has the tax return due date been extended for a six month extension?

Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form 502E: Automatic Extension Payment for Personal Income Tax . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 502 . . . . . ▶

**QuickZoom** to Form 505 . . . . . ▶

# Local Tax Worksheet

**2017**

▶ Keep for your records

Name as Shown on Return  
GANGA RAO AKULA

Social Security Number  
814-21-0743

**Taxpayer County** . . . . . MONTGOMERY

*Enter Taxpayer County on Maryland Information Worksheet*

<b>1</b> Enter the Maryland taxable net income from line 20 . . . . .	<b>1</b>	78,553.
<b>2</b> Enter Maryland adjusted gross income (Form 502, line 16) . . . . .	<b>2</b>	101,158.
<b>3</b> Enter taxpayer portion (or total if tax areas are the same) of line 2 . . . . .	<b>3</b>	101,158.
<b>4</b> Percentage of taxpayer income (or 100% if tax areas are the same) to total income (line 3 divided by line 2). . . . .	<b>4</b>	100.00%
<b>5</b> Maryland taxable net income attributed to taxpayer, or to both if tax areas are the same (line 1 times line 4). . . . .	<b>5</b>	78,553.
<b>6</b> Local income tax rate . . . . .	<b>6</b>	0.0320
<b>7</b> Local income tax (multiply line 5 by line 6). Enter this amount on line 28 of Form 502 . . . . .	<b>7</b>	2,514.

**Spouse County** . . . . . \_\_\_\_\_

*Enter Spouse County on Maryland Information Worksheet*

<b>8</b> Enter the Maryland taxable net income from line 20 of Form 502 . . . . .	<b>8</b>	
<b>9</b> Enter Maryland adjusted gross income (Form 502, line 16) . . . . .	<b>9</b>	
<b>10</b> Enter spouse portion of line 9. . . . .	<b>10</b>	
<b>11</b> Percentage of spouse income to total income (line 10 divided by line 9) . . . . .	<b>11</b>	%
<b>12</b> Maryland taxable net income attributed to spouse (line 8 times line 11) . . . . .	<b>12</b>	
<b>13</b> Local income tax rate . . . . .	<b>13</b>	
<b>14</b> Local income tax (multiply line 12 by line 13). Add the amount on line 7 to this amount and enter on line 28 of Form 502 . . . . .	<b>14</b>	

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name GANGA RAO AKULA	Social Security Number 814-21-0743
-------------------------	---------------------------------------

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
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	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	4,543.
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	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID . . . . .	d	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	4,543.
15	Date return will be filed and balance paid . . . . .	15	

► Keep for your records

Name(s) Shown on Return  
GANGA RAO AKULA

Your Social Security Number  
814-21-0743

**Part I 2018 Estimated Tax Amount Options**

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

- a 110% (default) or  100% of 2017 taxes. . . . .  6,813.
- b 100% of tax on 2018 estimated taxable income . . . . .  6,193.
- c 90% of tax on 2018 estimated taxable income . . . . .  5,574.
- d Equal to 100% of overpayment (no vouchers) . . . . .  0.
- e Enter total amount you want to use for estimates and check box . . . . .  \_\_\_\_\_

**2 Selected estimated tax amount:**

- a 2018 Required Annual Payment based on your choice above . . . . . 6,813.
- b Estimated amount of 2018 state and local income tax withholding . . . . . 4,543.
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) . . . . . 2,270.

**3 Select Estimated Tax Payment option:**

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

**Part II Overpayment Application Options**

**1** Amount of overpayment available . . . . . 0.

**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) . . . . .
- b Apply all (increase estimate if required) . . . . .
- c Apply to extent of total estimated tax and refund excess . . . . . 2,272.
- d Apply to extent of first quarter amount and refund excess . . . . . 568.
- e Enter amount you want to apply . . . . .  \_\_\_\_\_
- f Amount applied to 2018 estimated tax . . . . . 0.
- g Overpayment to be refunded (line 1 less line 2f) . . . . . 0.

**3 Select Overpayment Application Sequence:**

- a  ◀ Consecutively    b  ◀ Evenly

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

**1 Select Rounding Option:**

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

**2 Select Voucher Printing Option:**

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

**Part IV Estimated Tax Payment Summary**

	<b>1</b> Apr 17, 2018	<b>2</b> Jun 15, 2018	<b>3</b> Sep 17, 2018	<b>4</b> Jan 15, 2019	<b>Total</b>
<b>1</b> If you have already made payments, enter amounts . . . . .					
<b>2</b> Indicate which payment is due next. (e.g. if it is now April 25, 2018, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required Payment . . . . .	<u>568.</u>	<u>568.</u>	<u>568.</u>	<u>568.</u>	<u>2,272.</u>
<b>4</b> Overpayment applied . . . . .	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
<b>5</b> Net payment due . . . . .	<u>568.</u>	<u>568.</u>	<u>568.</u>	<u>568.</u>	<u>2,272.</u>
<b>6</b> Voucher amounts . . . . .	<u>568.</u>	<u>568.</u>	<u>568.</u>	<u>568.</u>	<u>2,272.</u>

**Part V Changes to Income, Deductions and Withholding for 2018**

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

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

	2017 Actual	2018 Estimated
1 Total income expected in 2018 (federal adjusted gross income) . . .	101,158.	
2 Net modifications . . . . .		
3 2018 estimated itemized deductions less state and local income taxes . . . . .	21,005.	
4 Your 2018 filing status (check one):		
<input checked="" type="checkbox"/> Single	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Married filing joint	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Married filing separately	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head of household	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Qualifying widow(er)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dependent taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
5 Number of dependents including taxpayer and spouse . . . . .	1	
6 Number of blind and elderly exemptions for taxpayer and spouse . .		
7 Number of dependents other than taxpayer or spouse who are age 65 or over . . . . .		
8 Maryland income tax to be withheld from wages during 2018 . . . .	4,543.	
9 Personal income tax credits . . . . .		
10 Business tax credits . . . . .		
11 Nonresidents only: Taxable net income (Form 505NR, line 13) . . .		

**Part VI 2018 Estimated Taxable Income and Tax**

1 Total income expected in 2018 (federal adjusted gross income) . . . . .	1	101,158.
2 Net modifications . . . . .	2	
3 Maryland adjusted gross income (line 1 plus or minus line 2) . . . . .	3	101,158.
Maryland income factor (part-year residents) or adjusted gross income factor (nonresidents) . . . . .		
4 Deductions:		
a 2018 estimated itemized deductions less state and local income taxes . . . . .	4 a	21,005.
b Your 2018 filing status (check one):		
1 <input checked="" type="checkbox"/> Single (if you can be claimed on another person's tax return, use filing status 6)		
2 <input type="checkbox"/> Married filing joint return or spouse had no income		
3 <input type="checkbox"/> Married filing separately		
4 <input type="checkbox"/> Head of household		
5 <input type="checkbox"/> Qualifying widow(er) with dependent child		
6 <input type="checkbox"/> Dependent taxpayer		
▶ Greater of itemized deductions or standard deduction . . . . .	4	21,005.
5 Maryland net income (subtract line 4 from line 3) . . . . .	5	80,153.
6 Personal exemptions:	6	
a Number of dependents including taxpayer and spouse . . . . .	6 a	1
b Number of blind and elderly exemptions for taxpayer and spouse . . . . .	b	
c Number of dependents other than taxpayer or spouse who are age 65 or over . . . . .	c	
▶ Total exemptions . . . . .		1,600.
7 a Taxable net income (subtract line 6 from line 5) . . . . .	7 a	78,553.
b Nonresidents only: Taxable net income (Form 505NR, line 13) . . . . .	b	
c Maryland nonresident factor (divide line 7b by line 7a) . . . . .	c	
8 Maryland income tax . . . . .	8	3,679.
9 Personal and business income tax credits . . . . .	9	
10 Subtract line 9 from line 8 (if less than 0 enter 0) . . . . .	10	3,679.
11 Local income tax or special nonresident income tax: multiply line 7a (residents and part-year residents) or line 7b (nonresidents) by 0.0320 . . . . .	11	2,514.
12 Total 2018 Maryland and local income tax (add line 10 and line 11) . . . . .	12	6,193.

Maryland e-file Authentication Statement

2017

► Keep for your records

Name(s) Shown on Return  
GANGA RAO AKULA

Social Security Number  
814-21-0743

Practitioner PIN Authorization

By checking this box you are electing to file Form EL101 for this return (Practitioner PIN)

Choose one:

- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN
- Taxpayer(s) entered own PIN(s)
- Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer Declaration and Tax Return Signature

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.

I consent to allow my Intermediate Service Provider, Transmitter, or Electronic Return Originator (ERO) to send my return to the State of Maryland and to receive the following information from the State of Maryland: (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.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Maryland of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

I am signing my Maryland Tax Return by entering the same five-digit Self-Select PIN that I used for my federal return filing.

Taxpayer's PIN (5 numbers) . . . . . 10743  
 Spouse's PIN (5 numbers) . . . . . \_\_\_\_\_  
 Date . . . . . 04/02/2018

## Smart Worksheets from your 2017 Maryland Tax Return

SMART WORKSHEET FOR: Form 502: Resident / Part Year Resident Return

<b>Itemized Deduction Decoupling Smart Worksheet</b>	
<b>A</b>	State and local income taxes from Schedule A, line 5 . . . . . <u>4543</u>
<b>B</b>	Amount deducted as contributions of Preservation and Conservation Easements for which a credit is claimed on Form 502CR, Part F . . . . . <u>0</u>
<b>C</b>	Difference between federal itemized deductions calculated with and without regard to the provisions of the Job Creation and Worker Assistance Act, the Jobs and Growth Tax Relief Reconciliation Act, the American Jobs Creation Act, the Tax Increase Prevention and Reconciliation Act, the Small Business and Work Opportunity Tax Act, and the American Recovery and Reinvestment Act (to Form 500DM, line 5a) . . . . . _____