

IRS e-file Signature Authorization

2017

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name JAYANTH BABU MALEPATI	Social security number 014-47-3823
Spouse's name	Spouse's social security number

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	76,990.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	8,920.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	12,386.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	3,466.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

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

7	3	8	2	3
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 as my signature on my tax year 2017 electronically filed income tax return.
ERO firm name 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.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

See separate instructions.

Your first name and initial JAYANTH BABU	Last name MALEPATI	Your social security number 014-47-3823
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. **220 HIGHLANDCORPORATE DR** Apt. no. **102**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Cumberland RI 02864**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

▲ Make sure the SSN(s) above and on line 6c are correct.

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

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

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**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	76,990.
8a	Taxable interest. Attach Schedule B if required	
b	Tax-exempt interest. Do not include on line 8a	8b
9a	Ordinary dividends. Attach Schedule B if required	
b	Qualified dividends	9b
10	Taxable refunds, credits, or offsets of state and local income taxes	
11	Alimony received	
12	Business income or (loss). Attach Schedule C or C-EZ	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	
14	Other gains or (losses). Attach Form 4797	
15a	IRA distributions	15a
b	Taxable amount	15b
16a	Pensions and annuities	16a
b	Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	
18	Farm income or (loss). Attach Schedule F	
19	Unemployment compensation	
20a	Social security benefits	20a
b	Taxable amount	20b
21	Other income. List type and amount	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	76,990.

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
27	Deductible part of self-employment tax. Attach Schedule SE	27
28	Self-employed SEP, SIMPLE, and qualified plans	28
29	Self-employed health insurance deduction	29
30	Penalty on early withdrawal of savings	30
31a	Alimony paid b Recipient's SSN ▶ _____	31a
32	IRA deduction	32
33	Student loan interest deduction	33
34	Tuition and fees. Attach Form 8917	34
35	Domestic production activities deduction. Attach Form 8903	35
36	Add lines 23 through 35	36
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	76,990.

38	Amount from line 37 (adjusted gross income)	38	76,990.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	20,219.
41	Subtract line 40 from line 38	41	56,771.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	52,721.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	8,920.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	8,920.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	8,920.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	8,920.
64	Federal income tax withheld from Forms W-2 and 1099	64	12,386.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC) NO	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	12,386.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,466.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,466.
b	Routing number 063100277 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 229051877733		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

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

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

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	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 06/04/2018	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 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

JAYANTH BABU MALEPATI

014-47-3823

Medical and Dental Expenses

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

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

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		3,771.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	3,771.

Interest You Paid

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

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

Gifts to Charity

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

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

Casualty and Theft Losses

20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
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Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	17,988.
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	17,988.
25	Enter amount from Form 1040, line 38 25 76,990.		
26	Multiply line 25 by 2% (0.02)	26	1,540.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	16,448.

Other Miscellaneous Deductions

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

29	Is Form 1040, line 38, over \$156,900?	29	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		20,219.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

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

2017
Attachment
Sequence No. **129A**

Your name JAYANTH BABU MALEPATI	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 014-47-3823
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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

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	4,548.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	10,200.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	840.
5 Meals and entertainment expenses: \$ <u>4,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	2,400.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	17,988.

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) ▶ 01/01/2016
- 8** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
a Business 8,500 **b** Commuting (see instructions) _____ **c** Other 3,500
- 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**

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

JAYANTH BABU MALEPATI

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					Single
Total income					76,990.
Adjustments to income					
Adjusted gross income					76,990.
Tax expense					3,771.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					16,448.
Other Itemized Deductions					
Total itemized/standard deduction . .					20,219.
Exemption amount . .					4,050.
Taxable income					52,721.
Tax					8,920.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					12,386.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					3,466.
Effective tax rate % . .					11.59
**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 (JAYANTH BABU MALEPATI) and Social Security Number (014-47-3823)

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) 73823 Spouse's PIN (5 numbers) Date 03/24/2018

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 MALEPATI
 First name JAYANTH BABU
 Middle initial _____ Suffix _____
 Social security no. 014-47-3823
 Occupation SOFTWARE ENGINEER
 Date of birth 07/12/1992 (mm/dd/yyyy)
 Age as of 1-1-2018 25
 Date of death _____
 Legally blind
 E-mail address Jayanth8113@gmail.com
 Work phone _____ Ext _____
 Cell phone (832) 226-1104
 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 (832) 226-1104
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 220 HIGHLANDCORPORATE DR Apt no. 102
 City Cumberland State RI ZIP code 02864

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

Part-Year Resident State Allocation Worksheet

2017

► Keep for your records

Name(s) Shown on Return JAYANTH BABU MALEPATI	Social Security Number 014-47-3823
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INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	76,990.	<u>AZ</u>	<u>AZ</u>	<u>2,916.</u>
		<u>RI</u>	<u>RI</u>	<u>74,073.</u>
		<u>TX</u>	<u>TX</u>	<u>1.</u>
S Wages, salaries, tips		—	—	
		—	—	
		—	—	
		—	—	

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

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

* Enter the state of source for this income ▼

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

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

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

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T	76,990.				
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 T Certain business expenses					
S Certain business expenses					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

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

* Enter the state of source for this adjustment

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax						
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Domestic production activities . . .						
S Domestic production activities . . .						
30 Other adjustments T						
31 Total adjustments T						
32 Adjusted gross income T						76,990.

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (JAYANTH BABU MALEPATI) and Social Security Number (014-47-3823)

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama does not allow this option

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

- Input boxes for Taxpayer and Spouse, with a 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: MA, License number: S66736523, Issue date: 06/26/2017, Expiration date: 07/12/2021, Does not expire: [], NY Document number: []

Spouse:

Issuing state: [], License number: [], Issue date: [], Expiration date: [], Does not expire: [], NY Document number: []

State Identification Card Detail

Taxpayer:

Issuing state: [], Identification number: [], Issue date: [], Expiration date: [], Does not expire: [], NY Document number: []

Spouse:

Issuing state: [], Identification number: [], Issue date: [], Expiration date: [], Does not expire: [], NY Document number: []

* 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:

- Input boxes for 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

JAYANTH BABU MALEPATI

Social Security Number

014-47-3823

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

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

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

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Employer Identification Number: 30-1017196; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Phone Number: (678)965-9729; Fax Number: _____; 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 2 columns: checkbox, State/City *. Rows include New York, Vermont, and blank rows.

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable _____

Name of personal representative for deceased returns . . . _____

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return JAYANTH BABU MALEPATI	Social Security Number 014-47-3823
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
HUMAC INC		76,990.	12,386.	76,989.	2,954.
Totals		76,990.	12,386.	76,989.	2,954.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	76,990.		76,990.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	12,386.		12,386.
3 & 7	Total social security wages/tips	76,990.		76,990.
4	Total social security tax withheld	4,773.		4,773.
5	Total Medicare wages and tips	76,990.		76,990.
6	Total Medicare tax withheld	1,116.		1,116.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14	817.		817.
16	Total state wages and tips	76,989.		76,989.
17	Total state tax withheld	2,954.		2,954.
19	Total local tax withheld.			

Name as shown on return JAYANTH BABU MALEPATI	Social Security Number 014-47-3823
--	---------------------------------------

Employer EIN 20-4860650
Employer Name HUMAC INC
 Name (cont.) _____
Street Address or P. O. Box 2730 W AGUA FRIA FWY STE 204
City .PHOENIX **State** AZ **ZIP** 85027
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	76,990.	2 Federal tax withheld	12,386.
3 Social security wages	76,990.	4 Social sec tax withheld	4,773.
5 Medicare wages and tips	76,990.	6 Medicare tax withheld	1,116.
7 Social security tips		8 Allocated tips	

13 b Retirement plan
 Foreign source income eligible for exclusion on **Form 2555**
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax
_____	_____	P: Double click to link to Form 3903, line 4
_____	_____	R: Enter MSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
AZ	20-4860650	2,916.	23.
RI	20486065000	74,073.	2,931.
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
SDI	817.	Other (not classified)
_____	_____	_____
_____	_____	_____

Keep for your records

JAYANTH BABU MALEPATI	014-47-3823 Page 2
Employer Name HUMAC INC	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

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

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

Employee's SSN. 014-47-3823

First name M.I. Last name Suff.
JAYANTH BABU MALEPATI

Address City St ZIP code
220 HIGHLANDCORPORATE DR, Apt. 102 Cumberland RI 02864

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 JAYANTH BABU MALEPATI	Social Security Number 014-47-3823
---	--

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

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

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			12,386.	2,954.	
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC, 1099-K and 1099-G					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-B	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18d			12,386.	2,954.	
20	Total Tax Payments for 2017			12,386.	2,954.	

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 <u>JAYANTH BABU MALEPATI</u>	Social Security Number <u>014-47-3823</u>
---	--

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	76,990.		76,990.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	76,990.		76,990.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	76,990.		76,990.
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	76,990.		76,990.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	76,990.		76,990.
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, In 2.	76,990.		76,990.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	76,990.		76,990.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	76,990.		76,990.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return JAYANTH BABU MALEPATI	Social Security Number 014-47-3823
--	---------------------------------------

2016 State and Local Income Tax Information

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

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		20,219.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		76,990.
6	Tax liability for Form 2210 or Form 2210-F		8,920.
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
 JAYANTH BABU MALEPATI

Filing status Single Number of exemptions 1

Gross Income

Wages and salaries	76,990.
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	_____
Total Gross Income	76,990.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 76,990.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	3,771.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	16,448.
Phaseout of itemized deductions	_____
Total Itemized Deductions	20,219.
Standard deduction	_____
Exemption amount	4,050.

Taxable Income 52,721.

Income tax	8,920.
Alternative minimum tax	_____
Total Taxes before Credits	8,920.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 8,920.

Withholding	12,386.
Estimated tax payments	_____
Other payments	_____
Total Payments	12,386.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 3,466.

Refund 3,466.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	25.0 %
Effective tax rate	11.59 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>8,920.</u>
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>8,920.</u>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet

Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help.

- A Income from Form 1040, line 38 76,990.
- B Nontaxable income entered elsewhere on return
- C Available income: 2016 refundable credits in excess of tax 0.
- D **Enter** any additional nontaxable income
- E Total available income for sales taxes 76,990.
- F Sales tax table information:

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).
If AZ, CO, LA, MS, NY or SC column (a):

QuickZoom to Misc Global Options to enter default locality ►

or Double-click in column (d) to select your locality for each state entered.

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
AZ	01/01/17	01/31/17	5.6000	5.6000	0.0000	693.	0.	59.
RI	02/01/17	12/31/17	7.0000	7.0000	0.0000	789.	0.	722.

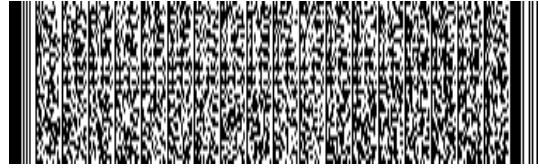
- Total general sales taxes from table 781.
- H **Enter** additions to table amount (motor vehicle, boat)
- I Total sales taxes from table plus additions to table amount 781.
- J **Enter** actual sales taxes paid (in lieu of table amount)
- K Total income taxes paid 2,954.

State of Rhode Island and Providence Plantations
2017 Form RI-1040NR
 Nonresident Individual Income Tax Return



17100415550101

Your social security number		Spouse's social security number	
014-47-3823			
Your first name	MI	Last name	Suffix
JAYANTH BABU		MALEPATI	
Spouse's name	MI	Last name	Suffix
Address			
220 HIGHLANDCORPORATE DR APT 102			
City, town or post office		State	ZIP code
CUMBERLAND		RI	02864
City or town of legal residence	Check each box that applies. Otherwise, leave blank.		
CUMBERLAND	Primary deceased?	Spouse deceased?	New address?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTORAL CONTRIBUTION		Amended Return?	
If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.)		<input type="checkbox"/>	
		If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.	



FILING STATUS Check one

Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

INCOME, TAX AND CREDITS				
1	Federal AGI from Federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4.....	1	76990	00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.	2	0	00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)....	3	76990	00
4	RI Standard Deduction from left. If line 3 is over \$195,150, see Standard Deduction Worksheet	4	8375	00
5	Subtract line 4 from line 3	5	68615	00
6	Exemptions. Enter # of federal exemptions in box, multiply by \$3,900 and enter result on line 6. If line 3 is over \$195,150, see Exemption Worksheet	6	3900	00
7	RI TAXABLE INCOME. Subtract line 6 from line 5.....	7	64715	00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	2461	00
9	RI percentage of allowable Federal credit from page 3, RI Sch I, line 25.....	9		00
10	Rhode Island tax after allowable Federal credit - before allocation. Subtract line 9 from line 8 ...	10	2461	00
11	RI allocated income tax. Check only one box. <input type="checkbox"/> All income is from RI, enter amount from line 10 on this line. <input type="checkbox"/> Nonresident with income from outside RI, complete Sch II and enter result on this line. <input checked="" type="checkbox"/> Part-year resident with income from outside RI, complete Sch III and enter result on this line.	11	2368	00
12	Other Rhode Island Credits from RI Schedule CR, line 8	12		00
13a	Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero)	13a	2368	00
13b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....	13b	0	00
14	RI checkoff contributions from page 3, RI Checkoff Schedule, line 33. <small>Contributions reduce your refund or increase your balance due</small>	14	0	00
15	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies	15		00
16a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a, 13b, 14 and 15.....	16a	2368	00

Rhode Island Standard Deduction
 Single **\$8,375**
 Married filing jointly or Qualifying widow(er) **\$16,750**
 Married filing separately **\$8,375**
 Head of household **\$12,550**

Using a paper clip, please attach Forms W-2 and 1099 here.

Check to certify use tax amount on line 15 is accurate.

State of Rhode Island and Providence Plantations
2017 Form RI-1040NR
 Nonresident Individual Income Tax Return - page 2



17100415550102

Name(s) shown on Form RI-1040 or RI-1040NR JAYANTH BABU MALEPATI	Your social security number 014-47-3823
---	--

16b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a.....	16b	2368	00
17a RI 2017 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding.	17a	2931	00
b 2017 estimated tax payments and amount applied from 2016 return....	17b		00
c Nonresident withholding on real estate sales in 2017.....	17c		00
d RI earned income credit from page 3, RI Schedule EIC, line 38.....	17d		00
e Other payments.....	17e		00
f TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d and 17e.....	17f	2931	00
g Previously issued overpayments (if filing an amended return).....	17g		00
h NET PAYMENTS. Subtract line 17g from line 17f.....	17h	2931	00
18a AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h from line 16b.....	18a		00
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 18a or subtracted from line 19, whichever applies.....	18b	0	00
c TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹	18c	0	00
19 AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line 16b from line 17h. If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 19..... ☺	19	563	00
20 Amount of overpayment to be refunded.....	20	563	00
21 Amount of overpayment to be applied to 2018 estimated tax.....	21	0	00

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, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Your driver's license number and state	Date	Telephone number
Spouse's signature	Spouse's driver's license number and state	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
APPANA RUPA VENKATA SATYA SAI MANI KUMAR		06/04/2018	(678) 965-9729
Paid preparer address	City, town or post office	State	ZIP code PTIN
2530 PEBBLE CREEK LN	CUMMING	GA	30041 P02090332

May the Division of Taxation contact your preparer? YES



17100415550103

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
--	-----------------------------

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

22 RI income tax from page 1, line 8	22		00
23 Credit for child and dependent care expenses from Federal Form 1040, line 49 or Form 1040A, line 31.....	23		00
24 Tentative allowable federal credit. Multiply line 23 by 25% (0.2500).....	24		00
25 MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9.....	25		00

RI SCHEDULE II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS

Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island.
 RI Schedule II is located on page 11.

Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island.
 RI Schedule III is located on page 13.

NONRESIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.

RI CHECKOFF CONTRIBUTIONS SCHEDULE

	\$1.00	\$5.00	\$10.00	Other			
26 Drug program account RIGL §44-30-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26		00
27 Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)					27		00
28 RI Organ Transplant Fund RIGL §44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28		00
29 RI Council on the Arts RIGL §42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29		00
30 Nongame Wildlife Fund RIGL §44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30		00
31 Childhood Disease Victim's Fund RIGL §44-30-2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31		00
32 RI Military Family Relief Fund RIGL §44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32		00
33 TOTAL CONTRIBUTIONS. Add lines 26 through 32. Enter here and on RI-1040NR, page 1, line 14.....					33		00

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

34 Federal earned income credit from Federal Form 1040, line 66a; 1040A, line 42a, or 1040EZ, line 8a.....	34		00
35 Rhode Island percentage	35	15%	
36 RI EARNED INCOME CREDIT. Multiply line 34 by line 35	36		00
37 Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule III, line 14. If all income is from RI, enter 1.0000.....	37		
38 TOTAL RI EARNED INCOME CREDIT. Multiply line 36 by line 37. Enter here and on RI-1040NR, pg 2, line 17d.....	38		00

State of Rhode Island and Providence Plantations
2017 RI Schedule III
 Part-year Resident Tax Calculation



17100615550101

Name(s) shown on Form RI-1040NR	Your social security number
JAYANTH BABU MALEPATI	014-47-3823

**THIS SCHEDULE IS ONLY TO BE COMPLETED BY PART-YEAR RESIDENTS.
 FULL YEAR NONRESIDENTS COMPLETE RI SCHEDULE II.**

A part-year resident is a person who changed his legal residence by moving into or out of Rhode Island at any time during the year 2017. If you are a part-year resident you should complete this schedule. If you did not earn any income outside the state of Rhode Island while you were living in Rhode Island, complete part 1 below. If any of your income earned while you were living in Rhode Island was taxed by another state, complete Part 1 and Part 2 of this Schedule.

If you were not a legal resident of RI for at least part of 2017, DO NOT COMPLETE THIS SCHEDULE. Complete RI Schedule II.

PART 1: ALLOCATION AND TAX WORKSHEET Instructions for this schedule can be found on page I-7.

Enter the dates you were a RI resident:	FEDERAL INCOME	RI RESIDENT PERIOD		RI NONRESIDENT PERIOD			
From <u>02/01/2017</u>	Column A	Column B		Column C		Column D	
to <u>12/31/2017</u>	Income from	Income from Col A		Income from Col A		Income from Col C	
	Federal Return	from RI Resident time		from NonResident time		from RI sources	
1 Wages, salaries, tips, etc from Fed Form 1040 or 1040A, line 7, or 1040EZ, line 1	76990	00	74073	00	2917	00	0 00
2 Interest and dividends from Fed Form 1040 or 1040A, lines 8a and 9a, or 1040EZ, line 2	00		00		00		00
3 Business income from Federal Form 1040, line 12	00		00		00		00
4 Sale or exchange of property from Federal Form 1040, lines 13 or 14, or 1040A, line 10	00		00		00		00
5 Pension and annuities; rents, royalties, etc. from Federal Form 1040, lines 15b, 16b and 17, or 1040A, lines 11b and 12b	00		00		00		00
6 Farm income from Federal Form 1040, line 18	00		00		00		00
7 Miscellaneous income from Fed Form 1040, lines 10, 11, 19, 20b and 21; 1040A, lines 13 and 14b; or 1040EZ, line 3	00		00		00		00
8 TOTAL. Add lines 1 through 7	76990	00	74073	00	2917	00	0 00
9 Adjustments to AGI from Federal Form 1040, line 36, or 1040A, line 20	00		00		00		00
10 Adjusted gross income. Subtract line 9 from line 8	76990	00	74073	00	2917	00	0 00
11 Net modifications to Fed AGI from RI-1040NR, RI Schedule M, line 3	0	00	00	00	0	00	00
12 Modified Fed AGI. Combine lines 10 and 11. Amount in column A must equal the amount on RI-1040NR, page 1, line 3	76990	00	74073	00	2917	00	0 00
13 TOTAL RI INCOME. Add line 12 from column B and line 12 from column D					13		74073 00
14 Allocation. Divide line 13 by line 12, column A. If line 13 is greater than line 12, column A, enter 1.0000					14		0.9621
15 RI tax after allowable federal credits before allocation from RI-1040NR, page 1, line 10					15		2461 00
16 RI INCOME TAX. Multiply line 15 by line 14. If you have income earned in another state while you were a resident of RI, complete Part 2. Otherwise, enter tax here and on RI-1040NR, pg 1, line 11. Check the Part-year resident box					16		2368 00

2017 RI Schedule III

Part-year Resident Tax Calculation



17100615550102

Name(s) shown on Form RI-1040NR	Your social security number
JAYANTH BABU MALEPATI	014-47-3823

**THIS SCHEDULE IS ONLY TO BE COMPLETED BY PART-YEAR RESIDENTS.
ATTACH A SIGNED COPY OF THE RETURN FILED WITH THE OTHER STATE.**

PART 2 - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE AND TAX WORKSHEET

17	RI income tax from RI-1040NR, RI Schedule III, part 1, line 16	17		00
18	Income taxed by other state while a RI resident included on RI Sch III, line 10, col B	18		00
19	Total RI income from RI Schedule III, part 1, line 13.....	19		00
20	Divide line 18 by line 19.....	20		
21	Multiply line 17 by line 20.....	21		00
22	Tax due and paid to other state. Insert abbreviation for name of state paid _____	22		00
23	Amount from line 18 above	23		00
24	Total adjusted gross income from other state's income tax return (attach copy of return)	24		00
25	Divide line 23 by line 24.....	25		
26	Multiply line 22 by line 25.....	26		00
27	MAXIMUM TAX CREDIT. Line 17, 21 or 26, whichever is the smallest	27		00
28	RI INCOME TAX. Subtract line 27 from line 17. Enter here and on RI-1040NR, page 1, line 11. Check the Part-year resident box.....	28		00

2017 RI Schedule W

Rhode Island W-2 and 1099 Information



17101015550101

Name(s) shown on Form RI-1040 or RI-1040NR JAYANTH BABU MALEPATI	Your social security number 014-47-3823
---	--

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.

Failure to do so may delay the processing of your return. ATTACH THIS SCHEDULE W TO YOUR RETURN

Column A	Column B	Column C	Column D	Column E
Enter "S" if Spouse's W-2 or 1099	Enter 1099 letter code from chart	Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1		HUMAC INC	204860650	2931 00
2				00
3				00
4				00
5				00
6				00
7				00
8				00
9				00
10				00
11				00
12				00
13				00
14				00
15				00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a.....			2931 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld			1

Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-DIV	D	14	1099-MISC	M	16
W-2G		15	1099-G	G	11	1099-OID	O	14
1042-S	S	17a	1099-INT	I	17	1099-R	R	12
1099-B	B	16	1099-K	K	8	RI-1099PT	P	9

Keep for your records

Part I – Personal Information

Taxpayer:

First Name JAYANTH BABU
Middle Initial Suffix
Last Name MALEPATI
Social Security No. 014-47-3823
Date of Birth 07/12/1992
Date of Death
Daytime Phone
Home Phone

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Date of Birth
Date of Death
Daytime Phone

Print phone number on tax return . . . [] Home [] Taxpayer Daytime [] Spouse Daytime
New Address? []

Street Address 220 HIGHLANDCORPORATE DR Apartment No. 102
City Cumberland State RI ZIP Code 02864

Part II – Main Form

- [] Form RI-1040: Full-Year Resident
[] Form RI-1040NR: Nonresident
[X] Form RI-1040NR: Part-Year Resident . . . From: 02/01/2017 To: 12/31/2017

QuickZoom to Schedule II, Nonresident allocations
QuickZoom to Schedule III, Part-year resident allocations

Part III – Filing Status

- [X] Single
[] Married filing joint
[] Married filing separate
[] Head of household
[] Qualifying widow(er)

Part IV – Other Information

Farmer/Fisherman Information:

- [] At least two-thirds of gross income is derived from farming or fishing
[] Exempt from filing Form RI-2210

Underpayment Penalty:

- [] Have the Rhode Island Division of Taxation figure the underpayment penalty Form RI-2210

Part V – Electronic Filing Information

New! State e-file disclosure consent:

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

- [X] The state return will be filed electronically
[] First-time filers check here

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename. Contains 3 empty rows.

EF Status Dates:

Enter the date return was EFiled
Date return was accepted by the state
Enter the date Form RI-1040V was given to client

Part VI - Direct Deposit Information or Electronic Funds Withdrawal Information

Yes **No**
 Do you want to elect **direct deposit of state tax refund** (Electronic Filing Only) ?
 Do you want **electronic funds withdrawal of state tax payment** (Electronic Filing Only)?

If you selected any of the options above, fill out the information below:

Name of Financial Institution (Optional) BANK OF AMERICA
 Account type Checking . Savings .
 Routing number 063100277
 Account number 229051877733
 Enter the payment date to withdraw from the account above ▶ _____
 State balance-due amount from this return ▶ _____

International ACH Transactions

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

Part VII – Paid Preparer Information:

Paid preparer code 1
QuickZoom to Firm/Preparer Info ▶ _____

Part VIII – Extension Status

Yes **No**
 Has the tax return due date been extended for a six month extension?
 Extended due date _____

QuickZoom to Form RI-4868: Application for Automatic (6 month) Extension ▶ _____

QuickZoom to Form RI-1040, Resident Individual Income Tax Return ▶
QuickZoom to Form RI-1040NR, Nonresident Individual Income Tax Return ▶

Tax Payments Worksheet

2017

▶ Keep for your records

Name JAYANTH BABU MALEPATI	Social Security Number 014-47-3823
-------------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	2,931.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	2,931.
15	Date return will be filed and balance paid	15	

Your First Name and Initial JAYANTH BABU	Last Name MALEPATI	Enter your SSN(s).	Your Social Security Number* 014 47 3823
Your Spouse's First Name and Initial (if filed joint)	Last Name		Spouse's Social Security No.*

PART 1 – PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**Do Not Truncate*

PART 2 – TAX RETURN INFORMATION

1 Arizona Adjusted Gross Income	2,916	00
2 Balance Of Tax	0	00
3 Arizona Income Tax Withheld ...	23	00
4 <input checked="" type="checkbox"/> REFUND: Enter the amount of refund.....	23	00
5 <input type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed.....		00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

Checking Savings 063100277

ACCOUNT NUMBER

229051877733

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

MMDDYYYY \$.00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.**

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2017 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b** I do not want direct deposit of my refund or I am not receiving a refund.
- 6c** I authorize the Arizona Department of Revenue (DOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 17, 2018, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize GLOBAL TAXES LLC
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2017. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE	→ _____	_____
	YOUR PEN AND INK SIGNATURE	DATE
→ _____	_____	
SPOUSE'S PEN AND INK SIGNATURE	DATE	
Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.		

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR 2017

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING AND ENDING

Your First Name and Middle Initial: JAYANTH BABU; Last Name: MALEPATI; Your Social Security Number: 014-47-3823

Current Home Address - number and street, rural route: 220 HIGHLANDCORPORATE DR; City, Town or Post Office: Cumberland; State: RI; ZIP Code: 02864

FILING STATUS: 7 Single; EXEMPTIONS: 8, 9, 10, 11; REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military

Table for Dependents (Box 10) with columns for Name, Social Security No., Relationship, etc.

Table for Qualifying parents and grandparents (Box 11) with columns for Name, Social Security No., Relationship, etc.

14 Dates of Arizona residency: From 01/01/2017 to 03/12/2017

Main income table with columns for 2017 FEDERAL and 2017 ARIZONA amounts for various income types.

Table for Subtractions (cont. on page 2) and AZ income ratio, including depreciation and capital gains.

Place any required federal and AZ schedules or other documents after Form 140PY.

Your Name (as shown on page 1) **JAYANTH BABU MALEPATI** Your Social Security Number **014-47-3823**

Subtractions - cont. from page 1	39	Enter the amount from page 1, line 38	39	2,916	00
	40	Recalculated Arizona depreciation	40		00
	41	Contributions to 529 College Savings Plans	41		00
	42	Reserved	42		
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43		00
	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	44		00
	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	45		00
Exemptions	46	Other Subtractions from Income: See instructions and include your own schedule	46		00
	47	Subtract lines 40 through 46 from line 39	47	2,916	00
	48	Age 65 or over: Multiply the number in box 8 by \$2,100	48		00
	49	Blind: Multiply the number in box 9 by \$1,500	49		00
	50	Dependents: Multiply the number in box 10 by \$2,300	50		00
	51	Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	51		00
	52	Add lines 48 through 51	52		00
Balance of Tax	53	Multiply line 52 by the Arizona income ratio on line 28	53	0	00
	54	Arizona adjusted gross income: Subtract line 53 from line 47	54	2,916	00
	55	Deductions: Check box and enter amount. See instructions. 55I <input type="checkbox"/> ITEMIZED 55S <input checked="" type="checkbox"/> STANDARD	55	5,183	00
	56	Personal exemptions: See instructions	56	82	00
	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter "0"	57	0	00
	58	Compute the tax using amount from line 57 and Tax Table X or Y	58	0	00
	59	Tax from recapture of credits from Arizona Form 301, Part 2, line 40	59		00
Total Payments and Refundable Credits	60	Subtotal of tax: Add lines 58 and 59 and enter the total	60	0	00
	61	Family income tax credit (from the worksheet - see instructions)	61	40	00
	62	Credits from Arizona Form 301, Part 2, line 76	62		00
	63	Balance of tax: Subtract lines 61 and 62 from line 60. If the sum of lines 61 and 62 is more than line 60, enter "0"	63	0	00
	64	2017 AZ income tax withheld	64	23	00
	65	2017 AZ estimated tax payments. 65a <input type="checkbox"/> 00 Claim of Right 65b <input type="checkbox"/> 00 Add 65a and 65b. 65c	65		00
	66	2017 AZ extension payment (Form 204)	66		00
Tax Due or Overpayment	67	Increased Excise Tax Credit (from the worksheet - see instructions)	67		00
	68	Other refundable credits: Check the box(es) and enter the total amount. 681 <input type="checkbox"/> 308-I 682 <input type="checkbox"/> 342 683 <input type="checkbox"/> 349	68		00
	69	Total payments and refundable credits: Add lines 64 through 68 and enter the total	69	23	00
	70	TAX DUE: If line 63 is larger than line 69, subtract line 69 from line 63, and enter amount of tax due. Skip lines 71, 72 and 73	70		00
	71	OVERPAYMENT: If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of overpayment	71	23	00
	72	Amount of line 71 to be applied to 2018 estimated tax	72		00
	73	Balance of overpayment: Subtract line 72 from line 71	73	23	00
Voluntary Gifts	74 - 84	Voluntary Gifts to:			
		Solutions Teams Assigned to Schools	74	00	
		Arizona Wildlife	75	00	
		Child Abuse Prevention	76	00	
		Domestic Violence Shelter	77	00	
		Neighbors Helping Neighbors	79	00	
		Special Olympics	80	00	
	I Didn't Pay Enough Fund	82	00		
	Sustainable State Parks and Road Fund	83	00		
	Spay/Neuter of Animals	84	00		
	Political Party (if amount is entered on line 78 - check only one): 851 <input type="checkbox"/> Democratic 852 <input type="checkbox"/> Green Party 853 <input type="checkbox"/> Libertarian 854 <input type="checkbox"/> Republican	85			
Penalty	86	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	86		00
	87	871 <input type="checkbox"/> Annualized/Other 872 <input type="checkbox"/> Farmer or Fisherman 873 <input type="checkbox"/> Form 221 included 874 <input type="checkbox"/> AZLTHSA Penalty	87		
	88	Add lines 74 through 84 and 86; enter the total	88		00
Refund or Amount Owed	89	REFUND: Subtract line 88 from line 73. If less than zero, enter amount owed on line 90	89	23	00
		Direct Deposit of Refund: Check box 89A if your deposit will be ultimately placed in a foreign account; see instructions. 89A <input type="checkbox"/>			
		<input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER: 063100277 ACCOUNT NUMBER: 229051877733			
	90 AMOUNT OWED: Add lines 70 and 88. Make check payable to Arizona Department of Revenue; write your SSN on payment.	90		00	

PLEASE SIGN HERE

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE _____ DATE _____ SOFTWARE ENGINEER
OCCUPATION _____

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION _____
APPANA RUPA VENKATA SATYA SAI MANI KUMAR 06/04/2018 GLOBAL TAXES LLC

PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____
2530 Pebble Creek Ln 30-1017196

PAID PREPARER'S STREET ADDRESS _____ PAID PREPARER'S TIN _____
Cumming GA 30041 (678) 965-9729

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'S PHONE NUMBER _____

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

► Keep for your records

Name as Shown on Return

JAYANTH BABU MALEPATI

Social Security Number

014-47-3823

Family Income Tax Credit Worksheet

A	Number of dependents listed as type "D"	_____
B	Number of personal exemptions based upon filing status (MFJ = 2, otherwise = 1)	<u> 1 </u>
C	Add lines A and B	<u> 1 </u>
D	Multiply line C by \$40	<u> 40 </u>
E	Enter \$240 if MFJ or HOH; enter \$120 if Single or MFS	<u> 120 </u>
F	Lesser of line D or line E. Enter here and on Form 140PY, line 61	<u> 40 </u>

Arizona Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name JAYANTH BABU
Middle Initial Suffix
Last Name MALEPATI
Social Security No 014-47-3823
Date of Birth 07/12/1992
Date of Death
Daytime Phone
Extension

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No
Date of Birth
Date of Death
Daytime Phone
Extension

Home Phone
Print this daytime phone on forms Taxpayer daytime Spouse daytime Home
Street Address . 220 HIGHLANDCORPORATE DR Apt No. . 102
City Cumberland State RI ZIP Code 02864

Last name(s) in prior years if different from name(s) used in current year

Part II - Main Form

- Form 140: Resident Tax Return (Long form)
Form 140A: Resident Tax Return (Short form)
Form 140NR: Nonresident Tax Return
Enter Nonresident income allocations on Form 140NR
[X] Form 140PY: Part-Year Resident Tax Return
Dates of Residency: From: 01/01/2017 To: 01/31/2017
Other states of residency: RI
Enter Part-Year Resident income allocations on Form 140PY
Form 140PTC: Full-Year Resident Property Tax Refund (Credit Claim) Only.

Military personnel and composite return filers:

- You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
You are filing a composite return on Form 140NR

Part III - Filing Status

- Married filing joint return
Injured spouse protection of joint overpayment (Form 203)
Head of household
Child's First name MI Last Name Suff
Head of household and married in 2017
Married filing separate return
Spouse itemized deductions
Married filing separate with one spouse claiming at least one dependent
[X] Single

Part IV - Other Information

- Your Arizona gross income for 2016 was in excess of \$75,000 (\$150,000 if MFJ)
- Someone (such as taxpayer's parent) can claim taxpayer as a dependent
- You qualify as a farmer or fisherman for federal tax purposes
- Itemize even if itemized deductions are less than standard deduction
- Take the standard deduction even if less than itemized deductions
- Check this box if you are a first time Arizona income tax filer

Increased Excise Tax Credit

- You were sentenced to 60 days or more in a county, state or federal prison during tax year 2017
- Credit claimed by another member of the household _____

Voluntary Gifts

- 1 Solutions Teams Assigned to Schools Fund 1 _____
- 2 Arizona Wildlife Fund 2 _____
- 3 Child Abuse Prevention Fund 3 _____
- 4 Domestic Violence Shelter Fund 4 _____
- 5 I Didn't Pay Enough Fund 5 _____
- 6 Neighbors Helping Neighbors Fund 6 _____
- 7 Special Olympics Fund 7 _____
- 8 Veterans' Donations Fund 8 _____
- 9 Sustainable State Parks and Road Fund 9 _____
- 10 Spay/Neuter of Animals 10 _____
- 11 Political Gift - select party below 11 _____
 - Democratic
 - Green
 - Libertarian
 - Republican

Part V - Electronic Filing Information

- The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

- Yes No
- Federal PIN(s) will be used (See help)

Date return was EFiled _____

Date return was accepted by the state _____

Enter the date Form AZ-140V was given to client _____

Part VI - Direct Deposit Information or Electronic Funds Withdrawal Information

- Yes No
- Do you want to elect direct deposit of state tax refund?
 - Do you want electronic funds withdrawal of state tax payment (EF Only)?

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

Name of Financial Institution (optional) BANK OF AMERICA

Account type Checking Savings

Routing number 063100277

Account number 229051877733

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

Enter an amount to withdraw from the account above _____

If partial payment is made, the remaining balance due _____

International ACH Transactions

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

Part VII - Paid Preparer Information

Enter preparer Code from Firm/Preparer Info (See Help) ▶ 1

Part VIII – Extension Status

Yes **No**
 Has the tax return due date been extended for a six month extension?
Extended due date _____

QuickZoom to Form 204: Application for Filing Extension ▶ _____

Tax Payments Worksheet

2017

► Keep for your records

Name JAYANTH BABU MALEPATI	Social Security Number 014-47-3823
-------------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	23 .
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	23 .
15	Date return will be filed and balance paid	15	

Smart Worksheets from your 2017 Arizona Tax Return

SMART WORKSHEET FOR: Form 8879

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Using the Federal PIN(s) (See help) ▶ <input checked="" type="checkbox"/>
D	Document to attach to the BACK of E-File Signature Authorization Form: <u>Form W-2 (Copy 2)</u> _____ _____ _____
E	Retain E-File Signature Authorization Form and all attachments for a period of four years DO NOT MAIL TO STATE AUTHORITIES